Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
|----------------|-----------|
|----------------|-----------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Mullins Kevin Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST] | | | | | | | | (Che | ck all app Direc | tionship of Reportir all applicable) Director Officer (give title below) Chief Develo | | 10% O | | |
|---|--|-------|--------|---|--|---|---------------------------|---------------|--|-------------|--|-------------|------|---|--|---|--|--|-------------|
| (Last) (First) (Middle) C/O LIFESTANCE HEALTH GROUP, INC. 4800 N. SCOTTSDALE ROAD, SUITE 6000 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/25/2022 | | | | | | | | - X | | | below | below) | |
| (Street) SCOTTSDALE AZ 85251 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution //Year) if any | | ution Date, | | Transaction Disposed C Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | | 5. Amo Securit Benefic Owned Report | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa | action(s) 3 and 4) | | | (1115411-4) |
| Common Stock 04/25/2 | | | | | 2022 | | | | A | | 76,446(1) | A \$ | | \$0.00 | 5,745,918 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | Expiration Da | | ite ear) | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) (D) | | Date Exercisable | | Expiration Date | Title Share | | es | | | | | |

Explanation of Responses:

1. Includes 76,446 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.

Remarks:

By: /s/ Ryan Pardo, Attorneyin-Fact

04/26/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.