FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 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

Name and Address of Reporting Person*     Mullins Kevin Michael					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [ LFST ]										k all app Direc	licable) tor	ng Person(s) to Is		wner
(Last)	(Fir	st) (ľ HEALTH GRO	Middle)	 C.		Date of Earliest Transaction (Month/Day/Year) 4/04/2023								X	belov	er (give title	opmen	Other (s below) at Officer	вреспу
4800 N. SCOTTSDALE ROAD, SUITE 6000				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SCOTTSDALE AZ 85251					X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City) (State) (Zip)				Rul	Rule 10b5-1(c) Transaction Indication														
											action was m ons of Rule 10					uction or writt	ten plan	that is inter	nded to
		Table	I - Noı	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Exec if an	Deemed cution Date, sy nth/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8) 5,							ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D) Pr		ice	Report Transa (Instr. 3	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 04/04/				2023		<b>S</b> <sup>(1)</sup>		6,399	Ι	) \$	7.62	.62 5,506,1		06,182					
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any			on Date,	Pate, Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

1. Required number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale was made to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

## Remarks:

By: /s/ Ryan Pardo, Attorneyin-Fact \*\* Signature of Reporting Person

04/06/2023

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.