Chec

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Check this box if no longer subject						
to Section 16. Form 4 or Form 5						
obligations may continue. See						
Instruction 1(b).						

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Mullins Kevin Michael					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]										all app Direc	tor	1	,)% Ov	vner
(Last)	(Fir	rst) (I HEALTH GRO	Middle)	<u></u> С.	3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023									X	belov	,	Other (spec below) pment Officer		specify
4800 N. SCOTTSDALE ROAD, SUITE 6000					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)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Exec y/Year) if any		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4		and Securi Benefi Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Pr		•		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 11/03/2					023			S ⁽¹⁾		80,977	D \$		13 ⁽²⁾	4,836,306		D			
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		nsaction de (Instr. Securi Acquir (A) or Dispos of (D) (Instr. and 5)		rative rities ired r osed)	6. Date Exercisable an Expiration Date (Month/Day/Year) Date Expirati			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		t		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- $1. \ The \ reported \ transactions \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ on \ December \ 9, \ 2022.$
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$6.11 to \$6.18 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range

By: /s/ Ryan Pardo, Attorneyin-Fact

11/06/2023

** 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.