| SEC Form 4 |
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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: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Instruction | 1(b). | | Filed pursuant to Section 16(a) of the Securities Exchange Act of | l nours | Thours per response. 0.5 | | | |
|-------------|---------------------|---------------------|--|---------|---|---------------------------------------|--|--|
| | · / | | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| | ddress of Reporting | Person [*] | 2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST] | | ationship of Reporti k all applicable) | Reporting Person(s) to Issuer ble) | | |
| Burdick K | <u>kennetn A</u> | | | X | Director | 10% Owner | | |
| | | | — | x | Officer (give title | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| C/O LIFEST | FANCE HEALTH | H GROUP, INC. | 03/06/2023 | | Chief Executive Officer | | | |
| 4800 N. SC | OTTSDALE RO | AD, SUITE 6000 | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | vidual or Joint/Grou | p Filing (Check Applicable | | |
| (Street) | | | | Line) | | | | |
| SCOTTSDA | ALE AZ | 85251 | | X | Form filed by On | e Reporting Person | | |
| , | | | | | Form filed by Mo Person | re than One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Ac Disposed Of (D) | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------|---|-------------------------------------|---------------|--------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 03/06/2023 | | A | | 1,816,239(1) | Α | \$0.00 | 1,816,239 | D | |
| Common Stock | 03/06/2023 | | A | | 544,871 ⁽²⁾ | Α | \$0.00 | 2,361,110 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | Derivative (Month/Day/Year) Securities Acquired (A) or Disposed | | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (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 | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Includes 1,816,239 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.

2. Includes 544,871 RSUs. Each RSU represents a contingent right to receive one share of the Issuer's common stock.

Remarks:

By: /s/ Ryan Pardo, Attorney-03/08/2023

in-Fact

** 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.