FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Name and Address of Reporting Person* Gorcyca Felicia					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]								(Chec	k all app Direc	tionship of Reportir all applicable) Director Officer (give title		rson(s) to I 10% O Other (vner	
(Last) (First) (Middle) C/O LIFESTANCE HEALTH GROUP, INC. 4800 N. SCOTTSDALE ROAD, SUITE 6000					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2022								X	belov	below) Chief Peop		below)	Specify	
(Street)	SDALE AZ	2 8	5251 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)		es Acquired (A) Of (D) (Instr. 3, 4		4 and Securit Benefic		ties cially Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	ction(s) 3 and 4)			(mau. 4)
Common Stock 06/13/2			2022		S ⁽¹⁾		2,638	I	\$	5.33	90	909,582		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)	if any	med on Date, Day/Year)	4. Transa Code (8)		of Deriv	r osed) r. 3, 4	6. Date Expirati (Month/	on Da Day/Y		Amou Secur Unde Deriv	rlying ative rity (Inst	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

By: /s/ Ryan Pardo, Attorney-

06/14/2022

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.

^{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.