FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

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* <u>Cipollone Paula</u>					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]									k all app Direc	tor	ng Pers	10% Ov	vner	
(Last)	(Fir	st) (M	Middle)	 C.	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024									X		Officer (give title below) See Records		Other (specify below)	
4800 N. SCOTTSDALE ROAD, SUITE 2500					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form fleet by One Reporting Person					·
(Street) SCOTTSDALE AZ 85251													Λ	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	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.									ided to					
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Executy/Year) if any		A. Deemed execution Date, fany Month/Day/Year)				s Acquired (A) or Of (D) (Instr. 3, 4 ar				ies cially Following	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Prio	се	Reported Transaction(s) (Instr. 3 and 4)			[(Instr. 4)	
Common Stock 01/03			01/03/	2024		S ⁽¹⁾		3,369	D	\$7	7.45	45 290,193 ⁽²⁾			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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rities ired r osed)	Expiration Da (Month/Day/Y		te Amount of		nt of ities lying itive ity (Instr	Der Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y C	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)			Expiration Date	Title	Amoun or Numbe of Shares	r					

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.
- 2. Represents the amount of securities beneficially owned by the Reporting Person as of the date this Report was filed.

Remarks:

Business Transformation Officer

By: /s/ Ryan Pardo, Attorneyin-Fact 04/11/2024

** 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.