FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Washington. | D.C. 2054 | 9 | |

| OMB APPROVAL | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| houre 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 36 | ee Instruction | 10. | | | | | | | | | | | | | | | | | | |
|---|---|-----------|--|---|---|---|---------------------------|--|--------------------|---|---|---|--|--|---|----------------------|--|--------|----|--|
| Name and Address of Reporting Person* Verma Seema | | | 2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST] | | | | | | | (Ched | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| <u>verma Seema</u> | | | | | | | | | | 1 | ✓ Director | | 1 | 0% Ow | /ner | | | | | |
| (Last) (First) (Middle) C/O LIFESTANCE HEALTH GROUP, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2024 | | | | | | | | 1 | Office below | er (give title | | ther (s elow) | pecify | | |
| | | | | | 1 | | | | | | | | | | | | | | | |
| 4800 N. SCOTTSDALE ROAD, SUITE 6000 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | | | | | 1 | | | | | | | | | V V | Form | filed by One | - Reporting | Perso | ,n | |
| | DALE A | Z 8 | 35251 | | 1 | | | | | | | | | | | , | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (8 | itate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | ed ction(s) 3 and 4) | | - ' | (Instr. 4) | | | |
| Common Stock 07/21/2 | | | 2024 | | A | | 36,363(1) |) A \$ | | \$0.00 | 00 137,811 | | D | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| | | | | (e.g., pu | ıts, ca | alls, v | warra | ants, | optio | ns, c | onvertib | le se | curit | ties) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercis Expiration Dat (Month/Day/Ye | | ite Amount of | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | | | |

Explanation of Responses:

1. Includes 36,363 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.

By: /s/ Ryan Pardo, Attorneyin-Fact

08/27/2024

** Signature of Reporting Person

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.