FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per respon	se: 0.5							

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

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. Name and Address of Reporting Person* Mullins Kevin Michael					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]										k all app Direc	tionship of Reporti all applicable) Director		10% O	wner
(Last)	(Fii ESTANCE	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023								X	Officer (give title below) Chief Develo		Other below) opment Office		·	
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)	Rule 10b5-1(c) Transaction Indication																		
									saction was n ions of Rule 1					truction or wr	itten p	lan that is in	ended to		
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	, or E	Benefi	icially	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date				3. Transac Code (Ir 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Secu Bene Own Follo		cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		се	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 07/03/20)23					54,600	D	\$	\$9 ⁽²⁾		5,316,016		D	
Common Stock 07/05/20						023			s ⁽¹⁾ 150,000		D	\$8	.72 ⁽³⁾	5,166,016		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)	Execu if any	eemed ution Date, th/Day/Year)		ransaction Number of			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		nt		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)

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 \$8.91 to \$9.13 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.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$8.63 to \$8.96 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

07/06/2023

** 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.