

Form 144

FORM 144

NOTICE OF PROPOSED SALE OF SECURITIES  
PURSUANT TO RULE 144 UNDER THE SECURITIES ACT OF 1933

## 144: Filer Information

Filer CIK 0001864249  
Filer CCC XXXXXXXXX  
Is this a LIVE or TEST Filing?  LIVE  TEST

### Submission Contact Information

Name  
Phone  
E-Mail Address

## 144: Issuer Information

Name of Issuer LifeStance Health Group, Inc.  
SEC File Number 001-40478  
Address of Issuer 4800 N. SCOTTSDALE ROAD  
SUITE 6000  
SCOTTSDALE  
ARIZONA  
85251  
Phone 602-767-2100  
Name of Person for Whose Account the Securities are To Be Sold Lester Michael K.

See the definition of "person" in paragraph (a) of Rule 144. Information is to be given not only as to the person for whose account the securities are to be sold but also as to all other persons included in that definition. In addition, information shall be given as to sales by all persons whose sales are required by paragraph (e) of Rule 144 to be aggregated with sales for the account of the person filing this notice.

Relationship to Issuer associated to affiliate

## 144: Securities Information

Title of the Class of Securities To Be Sold	Name and Address of the Broker	Number of Shares or Other Units To Be Sold	Aggregate Market Value	Number of Shares or Other Units Outstanding	Approximate Date of Sale	Name the Securities Exchange
common	Fidelity Brokerage Services LLC 245 summer street boston MA 02110	200000	1686000.00	376773736	06/09/2023	nasdaq

Furnish the following information with respect to the acquisition of the securities to be sold and with respect to the payment of all or any part of the purchase price or other consideration therefor:

## 144: Securities To Be Sold

Title of the Class	Date you Acquired	Nature of Acquisition	Name of Person from	Is this	Date Donor	Amount of Securities	Date of Payment	Nature of Payment *
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Transaction	Whom Acquired	a Gift?	Acquired	Acquired
common	05/14/2020 stock award	company	<input type="checkbox"/>	200000 06/09/2021 compensation

\* If the securities were purchased and full payment therefor was not made in cash at the time of purchase, explain in the table or in a note thereto the nature of the consideration given. If the consideration consisted of any note or other obligation, or if payment was made in installments describe the arrangement and state when the note or other obligation was discharged in full or the last installment paid.

Furnish the following information as to all securities of the issuer sold during the past 3 months by the person for whose account the securities are to be sold.

## 144: Securities Sold During The Past 3 Months

Name and Address of Seller	Title of Securities Sold	Date of Sale	Amount of Securities Sold	Gross Proceeds
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group inc	03/29/2023	109400	790266.44
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/28/2023	85700	614669.74
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/27/2023	80400	585556.54
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/24/2023	99500	703180.75
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/23/2023	375000	2701065.83
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/22/2023	250000	1776210.75
Michael Lester 4800 North Scottsdale Road Scottsdale AZ 85251	Lifestance Health Group Inc	03/22/2023	500000	3379572.88

## 144: Remarks and Signature

Remarks

Date of Notice 06/12/2023

**ATTENTION:**

The person for whose account the securities to which this notice relates are to be sold hereby represents by signing this notice that he does not know any material adverse information in regard to the current and prospective operations of the Issuer of the securities to be sold which has not been publicly disclosed. If such person has adopted a written trading plan or given trading instructions to satisfy Rule 10b5-1 under the Exchange Act, by signing the form and indicating the date that the plan was adopted or the instruction given, that person makes such representation as of the plan adoption or instruction date.

Signature /s/ Audrey Skillern as a duly authorized representative of Fidelity Brokerage Services LLC, as attorney-in-fact for Michael Lester

**ATTENTION: Intentional misstatements or omission of facts constitute Federal Criminal Violations (See 18 U.S.C. 1001)**