FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KH	IIE2	AND EX	CHANGE	COMINIS	2101

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3:

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									
	OMB Number: Estimated average b									

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Burke Russell John					Life360, Inc. [LIF]							1(011	Director			10% Ov	vner			
													_		er (give title		Other (s	specify		
(Last)	(Fi	rst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)							`	— below) below)						
C/O LIFE360, INC.					12/02/2024							Chief Financial Officer								
1900 SOUTH NORFOLK STREET, SUITE 310																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)					1										Line)					
SAN MA	ATEO CA	A 9	4403		1										Form filed by One Reporting Person Form filed by More than One Reporting					
					1										Person					
(City)	(St	rate) (2	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Ins	tr. 3)		2. Transac	tion						(A) or) or 5. Amount of				7. Nature				
Date (Month/Day					y/Year) Execution Date, if any (Month/Day/Year		,	Code (Instr. 5)		Of (D) (Instr. 3, 4		3, 4 and	Benefi	cially (D) I Following (I) (orm: Direct) or Indirect (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Pr		Price	Transa	Transaction(s) (Instr. 3 and 4)			(111511. 4)		
Common	stock			12/02/2	2024				F ⁽¹⁾		7,780	Г)	\$49.3	149,170(2)			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											onvertib				•					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exer Expiration D (Month/Day/		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	ative derivative rity Securities		10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	V (A) (D)				Expiration Date	Title	or Nun of	ount nber res						

Explanation of Responses:

- 1. This transaction is not a sale of shares by the Reporting Person. Instead, this represents shares that have been withheld by the Issuer to satisfy its income tax withholding and remittance obligations in connection with the vesting and net settlement of previously reported restricted stock units.
- 2. Includes 91,008 RSUs previously granted, each of which represents a contingent right to receive one share of the Issuer's common stock upon vesting.

Remarks:

/s/ Jay Sood, Attorney-in-Fact 12/04/2024

** 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.