FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	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

					01 360	uon	0(11)	n the n	ivesinen	t Coi	npany Act (JI 194	40									
Name and Address of Reporting Person* Morin Brit						2. Issuer Name and Ticker or Trading Symbol Life360, Inc. [LIFX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													-		irecto			10% O	wner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/30/2023										fficer elow)	(give title		Other (below)	specify		
C/O LIFE360, INC.						4. If Amondment, Date of Original Filed (Month/Day/Moss)									6. Individual or Joint/Group Filing (Check Applicable							
1900 SOUTH NORFOLK STREET, SUITE 310						If Amendment, Date of Original Filed (Month/Day/Year)									Line)							
1500 50											X Form filed by One Reporting Person											
(Street)															Form filed by More than One Reporting Person							
SAN MA	ATEO CA	A 9	4403																			
-					Rule 10b5-1(c) Transaction Indication																	
(City)	(St	ate) (2	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																	
											action was r ons of Rule 1						uction or wri	itten p	ian that is in	tenaea to		
		Table	I - No	n-Deriva	tive Se	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	efici	ally O	wn	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed and 5)						S, 4 See Bei Ow		5. Amount of Securities Beneficially Owned Following		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Reported		tion(s)	(Instr. 4)		(111501.4)		
Common	2023				A		9,470(1	111		\$(-	27,106 ⁽²⁾		D								
		T-1-	1- 11	Danisasti	0		• /		: J. D.					e: - : -								
		lan		Derivativ (e.g., pu												nec	1					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. De Execu if any (Month	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative rities rired r osed) r. 3, 4	6. Date E Expiratio (Month/D	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f J	8. Price Derivati Security (Instr. 5	ve /)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or I (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A) (D)			(D)	Date Expiration Exercisable Date		Title	or Nun of	ount nber ires	er								

Explanation of Responses:

- 1. Represents the grant of Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock upon settlement. 1/4th of the RSUs will vest quarterly from May 15, 2023, subject to the Reporting Person's continuous service through each such date.
- 2. Includes 10,597 restricted stock units, 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 06/01/2023

** 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.