FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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

Name and Address of Reporting Person* Goines Mark					2. Issuer Name and Ticker or Trading Symbol Life360, Inc. [LIF]								5. Relationship of Reportir (Check all applicable) Director			ng Person(s) to Issuer			
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2024										below		Other (speci below)		
C/O LIFE360, INC. 1900 SOUTH NORFOLK STREET, SUITE 310				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street) SAN MA	Street) SAN MATEO CA 94403			Dula 10h5 1(a) Transaction Indication										Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	or E	Benef	icially	Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			Date,	3. Transa Code (I 8)					. 3, 4 and Securiti Benefic Owned		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or P	rice	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common stock 06/1				06/17/2	2024				S ⁽¹⁾		21,195	21,195 D		\$27	116,272 ⁽²⁾		I		Held by the Goines Wong Living Trust
Common stock															68,5	552(2)(3)	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)	ve Conversion Date Execution Date, Tra				Transa Code (5. Number of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	nership n: ct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)			Expiration Date	Numbe							

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to the full exercise by the underwriters of a greenshoe option of the previously reported underwritten secondary offering that closed on June 7,
- 2. Includes common stock and the number of common stock underlying Chess Depositary Interests ("CDIs") as converted on a 1:3 common stock to CDI ratio. The CDIs are traded on the Australian Securities Exchange (the "ASX") and are held by CHESS Depositary Nominees Pty, Limited, a subsidiary of ASX Limited, the company that operates the ASX.
- 3. Includes 8,436 restricted stock units 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 06/20/2024

** 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.