FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C. 20549	

	OMB APP	OMB APPROVAL						
ERSHIP	OMB Number:	3235-0287						
L1101111	Estimated average burden							

hours per response:

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	ОМЕ

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 Sec	ction 30	(h) of the I	nvestme	nt Cor	npany Act o	f 1940							
1. Name and Address of Reporting Person* Zuckerberg Randi			2. Issuer Name and Ticker or Trading Symbol Life360, Inc. [NONE]								(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
<u> </u>																		
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/29/2024									Office	er (give title v)		Other (s below)	specify
C/O LIFI	E360, INC				4 If Δ	mandm	ent Date o	of Origins	ıl Filer	d (Month/Da	v/Voar	١	6 Indi	vidual o	r Joint/Grou	n Filin	a (Check A	nnlicable
1900 SO	UTH NOF	RFOLK STREET.	SUITE	E 310	" / \	menam	ciii, Date c	or Origina	ai i iic	a (World #Da	ly/ I Cai	,	Line)	viduai o		P 1 IIII 1	g (Oncon A	pplicable
													X	Form	filed by On	e Rep	orting Perso	on
(Street)	TEO C	'A 9	4403											Form Perso	i filed by Mo on	re tha	n One Repo	orting
SAN WIA	MEO C	Α 9	4403		Dula 10h5 1(a) Transaction Indication													
-				Rule 10b5-1(c) Transaction Indication														
(City)	(8	State) (Z	Zip)		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.													
					"							,. ooo						
		Table	I - No	n-Deriva	tive S	ecuri	ties Acc	quired,	Dis	posed of	, or E	Bene	eficially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Day/Year) if an		eemed tion Date, h/Day/Year)	Transaction Dispose Code (Instr. 5)		Disposed (ties Acquired (A d Of (D) (Instr. 3,				ties cially I Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)		or	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common stock 05/29/.				05/29/2	2024			A		5,792(1)	A	4	\$ <mark>0</mark>	22,363(2)			D	
		Tal								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercis Expiration Date (Month/Day/Yes		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
									Amo	ount								
												or Num	nber					

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, 2024, subject to the Reporting Person's continuous service through each vest date.

Date Exercisable

2. Includes 8,169 RSUs, each of which represents a contingent right to receive one share of the Issuer's common stock upon vesting.

Remarks:

/s/ Jay Sood, as Attorney-in-

of Shares

05/31/2024

Fact

Expiration Date

** 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).

Code V

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.