FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
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	Check this box if no longer subject
$\neg$	to Section 16. Form 4 or Form 5
_	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 or Section 30(h) of the Investment Company Act of 1940

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1. Name a	2. Issuer Name <b>and</b> Ticker or Trading Symbol Life360, Inc. [ LIFX ]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
	8				_								┥ ・	X Direc	tor		10% Ov	vner		
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/30/2023								Office below	er (give title v)		Other (s	specify	
C/O LIFE360, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6 1	6. Individual or Joint/Group Filing (Check Applicable					
1900 SOUTH NORFOLK STREET, SUITE 310						4. II Amendment, Date of Original Flied (Month/Day/Teal)									Line)					
1500 555 III NORI OLIK STRLLI, SOITE SIO															X Form filed by One Reporting Person					
(Street)														Form filed by More than One Reporting Person						
SAN MATEO CA 94403				<u> </u>																
					Ruie	Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (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.														
		Table	l - No	n-Deriva	tive Se	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1 Title of	Security (Ins	tion	2A. D	Deemed	<u> </u>	3.		4. Securiti	ies Ac	cauired	(A) or	A) or 5. Amount of 6. Ownership				7. Nature				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date			Oate,	Transac Code (Ir 8)	saction Disposed		I Of (D) (Instr. 3			Securi Benefi Owned Follow	ties cially I	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price	Report Transa	Reported Transaction(s) (Instr. 3 and 4)			(	
Common	2023				А 9,5		9,508(1	)	A	\$0	16	16,571(2)		D						
		Tab	الما	Derivativ	vo Soc	rit	ioc /	\ cau	irod D	icne	acad of	or D	Popol	الدنمان	v Owno	.d	,			
		iau		(e.g., pu												u				
1. Title of	2.	3. Transaction	3A. De		ts, cai	is, v	varra	ınts,	•		isable and		itle and		B. Price of	9. Number	of 1	0.	11. Nature	
Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		Number		Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. 3 and			Derivative Security Instr. 5)	derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ownersl Form: Direct (Dor Indire (I) (Instr.	wnership orm:	Beneficia Ownershi ct (Instr. 4)		
			Code		Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date Title Share		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, 2023, subject to the Reporting Person's continuous service through each such date
- $2. \ Includes \ 10,654 \ restricted \ stock \ units, each \ of \ which \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock \ upon \ vesting.$

## 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.

- $^{\star}$  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.