FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvasilington,	D.C.	20040	

STATEMENT	OF	CHANGES	INI	BENEFICIAL	OWNERSHIE
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APP	ROVAL							
OMB Number: 3235-0287								
Estimated average	burden							
hours per response	erage burden							

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 10b5-
4(-) 0 1

Instruction 1(b)

1(c). Se	ee Instruction	on 10.																		
			porting Person*						nd Tick . [LI	er or Tra	ading	Symbol				k all app	,	ng Per	. ,	
Stick Susan L.						,	<u>-</u> L	- 1						Direc	tor		10% Ov	wner		
															V	Officer (give title below)			Other (s	specify
(Last) (First) (Middle) C/O LIFE360, INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024								General Counsel							
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(Street)	TEO	CA	Q	4403											V	Form	filed by One	e Repo	orting Perso	on
	II LO			1103												Form Perso	filed by Moi on	re thar	n One Repo	orting
(City)		(State)) (Z	ľip)																
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficially	y Own	ed			
Date			2. Transac Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)				Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount (A) or (D)		or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/15				11/15/2	024		A		1,965 ⁽¹⁾ A			\$ <mark>0</mark>	105,272(2)			D				
Common Stock 11/15			11/15/2	2024		F ⁽³⁾		996 D) {	643.88	38 104,276 ⁽²⁾		D						
			Tab									osed of,				Owne	d			
1. Title of	2.	la.	T				1115,									Dulas af	9. Number	- L	10.	11. Natu
1. Hitle of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	on Da se (M	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 Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		De Se (In	Price of rivative curity str. 5) Securitis Benefici Owned Followin Reporter Transact (Instr. 4)		e C s F lly D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indire Benefici Ownersl (Instr. 4)
								1					Amo		unt					
						Code	v	(A)	(D)	Date Exercis	ahle	Expiration Date	Title	or Num of Shar						

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. These RSUs vested in full on November 15, 2024.
- 2. Includes 85,685 RSUs previously granted, each of which represents a contingent right to receive one share of the Issuer's common stock upon vesting.
- 3. 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 the RSUs reported on this Form 4.

Remarks:

/s/ Russell J. Burke, Attorneyin-Fact

** Signature of Reporting Person

11/19/2024

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.