SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i>						STATEMENT OF CHANGES IN BENEFICIAL OW										HIP	hours per resp	onse:	0.5			
		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934																				
							or Se	ection	30(h) of	the Inv	restmer	t Compar	ny Act of 19	40								
		Check this box transaction wa contract, instru- the purchase c of the issuer th the affirmative Rule 10b5-1(c)	s made p action or v or sale of at is inter defense	oursuant to written pla equity see nded to sa conditions	to a an for ecurities satisfy is of																	
	1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
	Prober Charles J.							Life360, Inc. [LIF]									(Check all applicable) X Director			0% Owner		
	(Last)							3. Date of Earliest Transaction (Month/Day/Year)									Director	ve title belo			fy bolow)	
	\mathcal{D}^{+}							11/26/2024									Officer (give title below) Other (specify 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)					
	2														X Form filed by One Reporting Person							
	(Street)							Form filed by More than One Reporting Person														
	SAN MATEO CA 94403																					
	(City)	City) (State) (Zip)																				
				1		Table	I - Non	-Deriva	ative	Secu	rities A	cquire	ed, Dis	posed o	f, or Bene	ficially	Owned					
	1. Title of	Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deeme Execution if any (Month/Da	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Owned eported s)	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v		Amount			(A) or (D)	Pric	Price		(Instr. 3 and 4)				
	Common	non stock		11/26/2024				G		4,000 (1)			D	\$ 0.00		102,742 (2)		D	D			
	6	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Ow (e.g., puts, calls, warrants, options, convertible securities)															wned					
	1. Title of Security	f Derivative (Instr. 3)	2. Conv ion or Exercis	Date		Execution		,	4. Fransactior Code		5. Number of Derivative Securities		Exercisable and			nd Amou s Underl ve Securit	lying of Deriva		9. Number of derivative Securities	10. Owne rship Form:	11. Nature of Indirect Beneficial	
	D	Pric Der Sec		f ive	, , , , ,		th/Day/Y		istr. 8))	Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)				Security (Instr. 5)		Beneficially Owned Following Reported Transaction	Direct Own (D) or (Inst Indirect (I) (Instr.	Ownership (Instr. 4)	
									ode	v	(A)	(D)	Date l ercisa e			le	Amount or Number of Shares		(s) (Instr. 4)	4)		

OMB APPROVAL

Explanation of Responses:

- 1. On November 26, 2024, the Reporting Person contributed 4,000 shares to a donor-advised fund, which will use the gifted shares for charitable purposes.
- 2. Includes 4,344 restricted stock units, each of which represents a contingent right to receive one share of the Issuer's common stock upon vesting.

Remarks:

/s/ Russell J. Burke, Attorney-in-Fact 11/29/2024

** 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.