SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no Section 16. Form 4 obligations may cor	S	TATEN	/IEN ⁻	T OF CHANGES IN B	Estimated average burden hours per response:		0.5							
Instruction 1(b).			Filed r	ursua	nt to Section 16(a) of the Se	curities F	xchange Act	of 193	4					
			1 liou p		ection 30(h) of the Investme		•							
Check this box to in transaction was ma contract, instruction the purchase or sal of the issuer that is the affirmative defe Rule 10b5-1(c) See	de pursuant to a or written plan for e of equity securities intended to satisfy nse conditions of													
1. Name and Address of R	eporting Person*	2. Issu	uer Name	and	Ticker or Trading Symbol				ationship of Reporting Per	son(s) to Issue	er			
	oportung i orooni	Life3	60, Inc.	Гте	1			(Checł	<all applicable)<="" td=""><td></td><td></td><td></td></all>					
~	oghlan John Philip .ast) (First) (Middle)				_			X	Director	10% Owner w) Other (specify		below)		
(Last) (First)					ansaction (Month/Day/Year)				Officer (give title below					
C/O LIFE360, INC. 1900 SOUTH NORFOLK	STREET SUITE 310	4. If A	mendme	nt, Da	te of Original Filed (Month/D	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)						
9	STREET, SOTTE STO	·						х	Form filed by One Re	porting Persor	ı			
(Street)									Form filed by More the	an One Repor	ting Person			
SAN MATEO	CA	94403												
(City)	(State)	(Zip)												
		Table I - No	n-Deriva	ative	Securities Acquired, Dis	posed c	of, or Benef	icially	Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa 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) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indired Beneficial Owners (Instr. 4)			
			Code	v	Amount	(A) or (D)	Price		(instr. 3 and 4)	(I) (Instr. 4)				
Common stock	11/19/2024		S		10,000	D	\$ 41.50	(1)	41,628 (2)	Ι	Held by the Joh Coghlan Living Trust			
Common Stock									64,834 (3)	I	Held by The Jo Philip Coghlan Grantor Retaine Annuity Trust	2024		
Common stock									5,226 (4) (5)	D				

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Title of Derivative Security (Instr. 3) Explanation of Resp	2. Convers ion 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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)	lying	8. Price of Deriva tive Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	10. Owne rship Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
				Code	v	(A)	(D)	Date Ex ercisabl e	Expira tion Date	Title	Amount or Number of Shares		(s) (Instr. 4)	7,	
 The Reporting Per The Reporting Per Person and his family. Includes 5,226 RS Reflects the amount 	son contribute Us, each of w	ed 64,834 shares ind	directly held by the	e John C eceive o	oghlan ne shar	Living a contract of the contr	Trust to Issuer's	common	stock up	on vesting.	ntor Retained	Annuity Tr	rust for the ben	efit of the R	Reporting
Demorkov															
Rémarks:										/s/ Jay So	od, as Attorne	ey-in-Fact	11/2	1/2024	
Rémarks:											od, as Attorne re of Reportir	-	11/2 Date		
Reminder: Report on				•	ed direc	ctly or in	directly					-			
Reminder: Report on * If the form is filed by	more than or	ne reporting person	, see Instruction 4	(b)(v).		-			15 U.S.(** Signatu		-			
Reminder: Report on	more than or ments or omi	ne reporting person ssions of facts cons	, <i>see</i> Instruction 4 stitute Federal Crim	(b)(v). ninal Vic	lations	<i>See</i> 18	U.S.C.	1001 and		** Signatu C. 78ff(a).		-			
Reminder: Report on * If the form is filed by ** Intentional misstate	more than or ments or omi s of this Form	ne reporting person ssions of facts cons I, one of which mus	, <i>see</i> Instruction 4 stitute Federal Crim t be manually signe	(b)(v). ninal Vic ed. If sp	lations ace is ii	See 18	U.S.C. nt, <i>see</i>	1001 and Instructior	n 6 for pr	** Signatu C. 78ff(a). ocedure.	re of Reportir	ng Person	Date		