# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. *See* Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# OMB APPROVAL

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### 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

the purchase or sale of of the issuer that is inte the affirmative defense Rule 10b5-1(c) <i>See</i> Ins	equity securities ended to satisfy conditions of												
Name and Address of Reporting Person*						Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Coghlan John Philip				0, Inc.	LIF	]		X	Director	10% Owner			
(Last) (First) (Middle)				of Earli 2025	iest Tr	ansaction (Month/Day/Year	r)	Λ	Officer (give title below		Other (specify below)		
C/O LIFE360, INC. 1900 SOUTH NORFOLK STREET, SUITE 310				nendme	nt, Da	te of Original Filed (Month/l	Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)					
(Street)									X	Form filed by One Rep Form filed by More that			
SAN MATEO	CA	94403											
(City)	(State)	(Zip)											
		Table I -	- Non	-Deriva	ative	Securities Acquired, Di	sposed c	of, or Bene	ficially	Owned			
1. Title of Security (Instr. 3)	Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  (Month/Day  (Month/Day  (Month/Day		n Date, Tr		ction 3)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	(A) or (D)	Pric	e	(Instr. 3 and 4)	(I) (Instr. 4)		
Common stock	12/12/2025			M		920	A	<b>\$ 2.</b> 1	15	2,592 (1) (2)	D		
Common stock										10,737 (1)	I	Held by the John Coghlan Living Trust	
Common Stock										55,494	I	Held by The John Philip Coghlan 2025 Grantor Retained Annuity Trust	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conver sion 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Deriv ative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	10. Own ership Form: Direct (D) or Indirect ( I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi p (Instr. 4)
				Code	v	(A)	(D)	Date Ex ercisab le	Expiration Date	Title	Amount or Number of Shares		(s) (Instr. 4)		
Stock Option (right to buy)	\$ 2.15	12/12/2025		M			920	(3)	10/24/2027	Common stock	920	\$ 0.00	142,306	D	

### **Explanation of Responses:**

- 1. The Reporting Person transferred 1,672 directly held shares to the John Coghlan Living Trust, which transfer was exempt from Section 16 pursuant to Rule 16a-13 under the Securities Exchange Act of 1934, as amended.
- 2. Includes 1,672 restricted stock units, each of which represents a contingent right to receive one share of the Issuer's common stock upon vesting.
- 3. The stock option is fully vested and exercisable.

#### Remarks:

/s/ Jay Sood, as Attorney-in-Fact 12/16/2025

\*\* 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.