FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20343	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>LIGOCKI KATHLEEN</u>				2. Issuer Name and Ticker or Trading Symbol LEAR CORP [LEA]								Relationship neck all appl X Direct	icable)	g Person(s) t 10%	Owner			
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023								Office below	r (give title)	Otho belo	r (specify w)	
21557 TELEGRAPH ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTHFIELD MI 48033													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rul	Rule 10b5-1(c) Transaction Indication												
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.									ended to									
		Table	e I - Non-	-Deriva	ative S	Sec	urities	s Ac	quired, D	ispo	sed o	of, or Be	eneficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution			Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Benefic	es For ally (D) Following (I)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V A		Amount	nt (A) or Pr		Transac (Instr. 3	tion(s)		(ilisti. 4)		
		Ta							uired, Dis s, options	•		,		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	on Date,	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 Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	05/18/2023			A		1,419		(2)	(2	(2)	Common Stock	1,419	\$0.00	1,419	D		

Explanation of Responses:

- 1. Converts into common stock on a 1-for-1 basis.
- 2. The restricted stock units were granted on May 18, 2023 pursuant to the Lear Corporation 2019 Long-Term Stock Incentive Plan. The restricted stock units vest on the earlier of (i) the first anniversary of the grant date or (ii) the date of the next annual meeting of stockholders following the grant date. Settlement of the restricted stock units has been deferred, pursuant to an election under the Lear Corporation Outside Directors Compensation Plan, until the earlier of Ms. Ligocki's retirement as a director of Lear Corporation or a change in control of Lear Corporation.

Remarks:

/s/ Karen Crittenden as attorney-in-fact 05/22/2023

** 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.