FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL									
OMB Number:	3235-0287								

Estimated average burden hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 10b5-1(c).
See Instruction 10

366 111	struction 10.									_				T							
1. Name and Address of Reporting Person* <u>Kemp Harry Albert</u>					2. Issuer Name and Ticker or Trading Symbol LEAR CORP [LEA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kemp	Tarry Ar	<u>ocrt</u>							-						Directo			10% Ov			
		-·	(A.P. I. II.)		3. [Date o	f Earliest	Tran	saction (Moi	nth/E	Day/Year)			B	Officer below)	give title		Other (s below)	specify		
(Last) (First) (Middle) 21557 TELEGRAPH ROAD						11/20/2024									SVP,	CAO & C	Genei	ral Counse	el		
2155 / 11	ELEGRAP	'H KUAD																			
(Ctroot)					- 4. I1	f Ame	ndment,	Date	of Original F	iled	(Month/D	ay/Year)				Joint/Group	Filing	g (Check Ap	plicable		
(Street) SOUTH	EIELD N	4 I	48033											Line		filed by One	Reno	orting Perso	n		
	ILLD N		40033											"	_	,		n One Repo			
(City)	(5	State)	(Zip)												Persor				3		
(,,						_										_					
		Tab	le I - Noi	n-Deriv	vative	Se	curities	s Ac	quired, [Disp	osed o	of, or Be	nef	iciall	y Owne	d ———					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					ar) i	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Securitie Benefici Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	Code V		(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
								_			<u> </u>	1, ,				anu 4)					
		1							uired, Di s, options						Owned						
1 Title of	2	3. Transaction	3A. Deeme		4.	-	_	_	6. Date Exe					1	8. Price of	9. Number	. of	10.	11. Nature		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	Execution if any (Month/Da	Date,	Transa Code (8)				Expiration I (Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ount mber ares							
Restricted Stock	(1)	11/20/2024			A		2,672		(2)		(2)	Common Stock	2,	672	\$0	2,672		D			

Explanation of Responses:

- 1. Each restricted stock unit is convertible into a share of common stock on a 1-for-1 basis.
- 2. These "Career Share" RSUs vest on the third anniversary of the grant date but are not converted into shares of common stock until or after age 62 or a qualifying retirement and remain subject to forfeiture for a voluntary termination prior to meeting retirement eligibility requirements.

/s/ Jacqlyn Waite, as Attorneyin-Fact 11/21/2024

** 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.