FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	e burden										
hours nor resnons	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*  LIGOCKI KATHLEEN				LEA	Issuer Name and Ticker or Trading Symbol     LEAR CORP [ LEA ]      Date of Earliest Transaction (Month/Day/Year)									ck all appl	,		rson(s) to Is 10% Ov Other (s	ner	
(Last)	(1	First) (	Middle)			07/01/2023									below			below)	peeny
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.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date		Date,	r, Transaction Dis Code (Instr. 5)		Dispose	Securities Acquired (A sposed Of (D) (Instr. 3,			Benefic Owned	ties Fo cially (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	t (A)	or F	rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 07/01/2					/2023				M <sup>(1)</sup>		53	53 A		\$0.00	3,	3,307		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Dat			3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr. B)		n Number		6. Date Exe Expiration (Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	or	ount nber res					
Deferred Stock Units	(2)	07/01/2023			M			53	(3)		(3)	Common Stock	5	3	\$0.00	14,431		D	

## **Explanation of Responses:**

- 1. Conversion of fifteenth quarterly installment of deferred stock units accrued under the Lear Corporation Outside Directors Compensation Plan into shares of Lear Corporation common stock pursuant to the Reporting Person's deferral election.
- 2. Each deferred stock unit is equal in value to one share of Lear Corporation common stock.
- 3. The deferred stock units were accrued under the Lear Corporation Outside Directors Compensation Plan pursuant to a deferral election and are generally to be paid out in shares of Lear Corporation common stock pursuant to the Reporting Person's deferral election.

## Remarks:

/s/ Karen Crittenden, as

07/05/2023

attorney-in-fact

\*\* 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.