FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 |
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| Check this box if no longer subject to | SIA |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| obligations may continue. See | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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] | | | | | | | | | | heck all | nship of Reporting Pe I applicable) Director | | | son(s) to Is | |
|--|--|--|--|-------|---|---|---|--------|---------------|---|-------|--|--|------------------|--|--|--|---|---------------|--|---|
| (Last) 21557 TI | (F ELEGRAP | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | | | 0 | | (give title | | | specify | |
| (Street) SOUTHI | | | 48033 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Lir | ne) <mark>X</mark> F F | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | | ar) E | A. Deemed xecution Date, any lonth/Day/Year) | | , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securiti Benefic | | es ally Following | Forn (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | ſ | Code | v | Amount | (A) or (D) | | Price | Tra | nsac | ion(s) and 4) | | | (111341. 4) | | | | |
| Common Stock 07/0 | | | | | /2022 | /2022 | | | | M ⁽¹⁾ | | 54 | | A \$ | | 00 | 3,094 | | | D | |
| | | Т | able II - | | | | | | | | | osed of onverti | | | | y Owr | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | Exp | Date Exe piration ponth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Pric Deriva Securi (Instr. | tive ty | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | |
| Deferred Stock Units | (2) | 07/01/2022 | | | M | | | 54 | | (3) | | (3) | Comr | | 54 | \$0.0 | 0 | 13,32 | 7 | D | |

Explanation of Responses:

- 1. Conversion of eleventh 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 attorney-in-fact

07/05/2022

** 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.