FORM 4

Check this box if no longer subje

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ct | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|----|--|
| | |

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

| Name and Address of Reporting Person* Cooley Matthew | | | | | 2. Issuer Name and Ticker or Trading Symbol Lifevantage Corp [LFVN] | | | | | | | | | 5. Relationship (Check all app Direct | | licable) tor | • | 10% Ov | vner |
|--|---|--|----------|--------------|--|--|---|--|-----------------|------|--|---------|---|---|--|---|--------------------------------------|---|------------|
| (Last) 3300 TR | ast) (First) (Middle) 300 TRIUMPH BLVD, SUITE 700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023 | | | | | | | | | belov | er (give title v) Chief Oper | | Other (s below) Cofficer | specify |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| LEHI | LEHI UT 84043 | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | 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. Transac Date (Month/Da | | | | | Exec ay/Year) if an | | Deemed ecution Date, ny enth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Securit Benefit Owned | | ties cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 04/01/2 | | | | | | 2023 | | | F 5 | | 559(1) | D | \$3 | 3.59 | 64 | 54,111 | | D | |
| | 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. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) | | on Date, | Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei See (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Insti | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Number of Shares | r | | | | | |

Explanation of Responses:

1. These shares were withheld to satisfy tax withholding obligations in connection with the vesting of stock unit awards granted to the reporting person on August 12, 2021.

Remarks:

Alissa Neufeld, Power of Attorney for Matthew Cooley

04/04/2023

** 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.