FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

	e conditions of ee Instruction 1																				
1. Name and Address of Reporting Person* Latham Cynthia					2. Issuer Name and Ticker or Trading Symbol Lifevantage Corp [LFVN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Latilatii Cyntina														1	Direc			10% Ov	1		
(Last) (First) (Middle) 3300 TRIUMPH BLVD, SUITE 700						3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024									Office below	er (give title v)		Other (s below)	specify		
3300 TK	IUMPH BL	VD, SUITE 700	,		\vdash																
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								3. Indiv Line)	Individual or Joint/Group Filing (Check Applicable ne)						
(Street) LEHI	UI		4043		1									1	Form filed by One Reporting Person						
LEHI	UI	. 8	4043												Form filed by More than One Reporting Person						
(Cit.)	(City) (State) (Zip)																				
(City)	(30	(2	Zip)																		
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	d, Dis	posed of	, or E	Benefic	cially	Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					·	Execution Date,		,	3. Transaction Code (Instr. 8)			Acquired (A) or f (D) (Instr. 3, 4 and		nd 5)	Securi Benefi	cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	r Price	Trans		saction(s) r. 3 and 4)			(IIIsti. 4)		
Common Stock 11/07/20					024				A		7,819(1)	A	\$13.	.43(2)		55,798		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 Opate (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)				5. Number of Derivative		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)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Number of Shares								

Explanation of Responses:

- 1. These shares were granted to the reporting person pursuant to the issuer's outside director compensation program and will vest in a single installment on November 7, 2025, subject to the reporting person's continuous service to the issuer through such date.
- 2. The price reported in Column 4 is equal to the weighted average closing price of the issuer's common stock for the ten trading days ending the day before the date of the grant.

Remarks:

/s/ Alissa Neufeld, Power of Attorney for Cynthia Latham

11/12/2024

** Signature of Reporting Person

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.