## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

10b5-1(c). See	Instruction 10.							
Fadule Mollie     Landsea H       (Last)     (First)     (Middle)       C/O LANDSEA HOMES CORPORATION     06/17/2024		son*	2. Issuer Name <b>and</b> Ticker or Trading Symbol Landsea Homes Corp [ LSEA ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2024	X Director 10% Owner Officer (give title Other (specify below) below)					
1717 MCKINNEY AVENUE, SUITE 1000			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 Form filed by More than One Reporting Person				
(Street) DALLAS	TX	75202						
(City)	(State)	(Zip)	Designifies Securities Associated Dispessed of an Dese					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.0001	06/17/2024		A		13,144(1)	Α	\$ <mark>0</mark>	84,871	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)	4. Transac Code (Ir 8)		Derivat Securit Acquire or Disp	erivative Expiration Date scurities (Month/Day/Year) equired (A) Disposed of ) (Instr. 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)								
										Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

## Explanation of Responses:

1. Represents 13,144 restricted stock units ("RSUs") granted under the Landsea Homes Corporation 2020 Stock Incentive Plan. Each RSU represents the right to receive one share of the Issuer's common stock, par value \$0.0001 per share. The RSUs will vest on the earlier to occur of (i) the first anniversary of the grant date, or (ii) the Issuer's next annual meeting of stockholders, in each case, so long as the Reporting Person remains continuously providing services to the Issuer or its subsidiaries through such vesting date.



\*\* Signature of Reporting Person Da

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.

Date