SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

Obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 19: or Section 30(h) of the Investment Company Act of 1940									of 1934		hours	s per re	esponse:	0.5			
1. Name and Address of Reporting Person* Sacco Christine (Last) (First) (Middle) 660 WHITE PLAINS RD.				2. Issuer Name and Ticker or Trading Symbol <u>Prestige Consumer Healthcare Inc.</u> [PBH] 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021							Check all ap Dire X Offic belo	-	g Person(s) to Issuer 10% Owner Other (specify below) ncial Office				
(Street) TARRY (City)	IOWN, NY (St		0591 Zip)		4. If A	mendr	nent, Date	of Origir	al File	d (Month/Da	ay/Year			n filed by On n filed by Mo	ne Rep	orting Pers	on
		Table	I - Non-	-Deriva	tive S	Secur	ities Ac	quired	, Dis	posed of	f, or E	Benefic	ially Owr	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		Code	Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)				and Secur Benef	icially d Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) PI		Trans	Transaction(s) (Instr. 3 and 4)			(1150.14)	
Common Stock, par value \$0.01 per share 05/06/2					/2021		F		1,295	Ι	\$4	7.1 2	1 28,874		D		
		Tal								osed of, onvertib			lly Owne s)	d			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Transaction of			Expira	tion Da	xercisable and n Date ay/Year)		e and int of rities rlying ative rity (Instr. 4) Amount or Number	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial 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)		

Date Exercisable Expiration Date

Explanation of Responses:

/s/ Christine Sacco by WilliamP'Pool as attorney-in-factpursuant to power of attorney05/10/2021dated May 8, 2017 on file withthe Commission

** Signature of Reporting Person Date

of Shares

Title

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).

Code V

(A) (D)

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.