Instruction 1(b).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

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

				or Sec	ction 30(n) of the in	vestme	nt Cor	npany Act of 1	.940					
1. Name and Address of Reporting Person*  COUGHLIN CHRISTOPHER J				2. Issuer Name <b>and</b> Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ]							ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner			
(Last) 660 WHITE PL	(First) AINS RD.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/04/2020							Officer (give title below)	Other below	(specify )	
(Street) TARRYTOWN (City)	NY (State)	10591 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
	Ta	ble I - No	n-Derivati	ive S	ecurities Acq	uired,	Dis	posed of, o	or Ben	eficially	/ Owned			
Date		2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock, par value \$0.01 per share 08/04			08/04/20	020		A		3,732(1)	A	\$0	7,915	D		
		Table II	Dorivativ	0 50	ourities Asqui	rod F	)icn	and of or	Bono	ficially	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	vative rities nired r osed )	6. Date Exerc Expiration Da (Month/Day/Y	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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

1. The Reporting Person received 3,732 restricted stock units (equal to \$145,000 divided by the closing stock price of \$38.86 on August 4, 2020) in connection with the Issuer's director compensation program. The restricted stock units vest immediately upon grant and will be settled by delivery to the Reporting Person of one share of common stock of the Issuer for each vested restricted stock unit promptly following the earliest of (i) the Reporting Person's death, (ii) the Reporting Person's separation from service or (iii) change in control.

> /s/ Christopher J. Coughlin by William P'Pool as attorney-in-

fact pursuant to power of attorney dated July 29, 2019

08/06/2020

on file with the Commission

\*\* 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.