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
\Box	obligations may continue. See
	Instruction 1(b).

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

1. Name and Address of Reporting Person [*] Clark Celeste A.					2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 660 WHITE PLAINS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023										X Direc Office below	er (give title		10% O Other (below)		
					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	TOWN N	DWN NY 10591												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 - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	Deemed cution Date, y nth/Day/Year)				ties Acquired (A I Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	cially d		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(/	A) or D)	Price	Report Transa	Reported Transaction(s) (Instr. 3 and 4)		,	()		
Common Stock, par value \$0.01 per share 08/01/2					.023			A		2,295(1)	Α	\$ <mark>0</mark>) 9,234			D			
		Tab	ole II -	Derivati (e.g., pu												ed				
1. Title of Derivative Security (Instr. 3)	ervivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti	lumber Expir of (Mon berivative securities Acquired A) or Disposed		Date Exercisable and Diration Date nnth/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 Beneficiall Owned Following Reported Transactio (Instr. 4)	y [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershij (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or	ount nber res							

Explanation of Responses:

1. The Reporting Person received 2,295 restricted stock units equal to \$150,000 divided by the closing stock price of \$65.37 on August 1, 2023, in connection with the Issuer's director compensation program. The restricted stock units vest on the first anniversary of 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 (1) the Reporting Person's death, (ii) the Reporting Person's separation or (iii) change in control.

/s/ Celeste Clark by William <u>P'Pool Attorney-in-Fact</u> pursuant to Power of Attorney 08/03/2023 dated May 4, 2020 on file with the Commission

** 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.