FORM 4

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ופ משוואר	ALES SEC	JKITIES AND	EXCHANGE	COMMISSIO	N

OMB APPROVAL						
OMB Number:	3235-0287					
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0.5

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

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

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	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 10b5-1(c). See Instruction 10.
	Check this box to indicate that a

Name and Address of Reporting Person*     Fritz Mary Beth			2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) 660 WHITE PLA	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/12/2024	V	Officer (give title below)  SVP Quality & R	Other (specify below) egulatory	
(Street) TARRYTOWN	NY	10591	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Filing Form filed by One Rep Form filed by More tha	orting Person	
(City)	(State)	(Zip)			Person		

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)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(msu. 4)
Common Stock, par value \$0.01 per share	11/12/2024		Α		6,471	A	\$39.98	25,306	D	
Common Stock, par value \$0.01 per share	11/12/2024		S		6,471	D	\$81.99	18,835	D	
Common Stock, par value \$0.01 per share	11/12/2024		A		3,414	A	\$54.47	22,249	D	
Common Stock, par value \$0.01 per share	11/12/2024		S		3,414	D	\$81.93	18,835	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date 5. Number 6. Date Exercisable and 7. Title and 8. Price of Derivative 9. Number of 11. Nature Conversion Transaction **Expiration Date** Amount of derivative Ownership of Indirect Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Code (Instr. 8) Securities Underlying Derivative Security Security (Instr. 5) Securities Beneficially Form: Direct (D) (Month/Day/Year) Derivative (Month/Day/Year) Beneficial Ownership Securities Acquired (A) or Disposed of (D) Derivative Owned or Indirect (Instr. 4) Security (Instr. 3 and 4) Following (I) (Instr. 4) Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4) Amount or Number Expiration Date Date (A) (D) Title Shares Employee Stock Commor 11/12/2024 (1) 6,471 Options \$39.98 M 6.471 05/04/2030 \$0 0 D (right to buy) Employee Stock Commor

(2)

05/02/2032

## **Explanation of Responses:**

\$54.47

Options

(right to buy)

1. The options vested on three equal installments of 2,157 shares on May 4, 2021, 2022 and 2023.

11/12/2024

2. The options vested in three installments of 1,707 shares each on May 2, 2023 and May 2, 2024 and 1,708 shares on May 5/2/25.

M

/s/ Mary Beth Fritz by William P'Pool attorney-in-fact

3,414

**\$0** 

pursuant to power of attorney dated August 7, 2018 on file

11/14/2024

1,708

D

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.

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