FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APPR | OMB APPROVAL | | | | | | | | | | |
|----------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average bu | rden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | | |
| | OMB Number: Estimated average bu | | | | | | | | | | |

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

| Name and Address of Reporting Person* <u>P'Pool William</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH] | | | | | | | (Chec | tionship of Reportin all applicable) Director Officer (give title | | ng Person(s) to Is 10% Ov Other (s | | wner | | |
|---|---|--|------------------------|----------------------------------|---|--|---------------------------------------|-------------------------|------------|---|--------------------|---|---|---|--|----|--|--|--|
| (Last) 660 WH | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2022 | | | | | | | | X | belov | | Corp | below) | |
| (Street) TARRY (City) | FOWN, NY | | 0591 Zip) | | 4. If A | 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 | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | juired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| Da | | Date | Month/Day/Year) if any | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Sec | | Disposed C | Securities Acquired (A) sposed Of (D) (Instr. 3, | | | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Common Stock, par value \$0.01 per share | | 05/06/2 | 2022 | | | | A ⁽¹⁾ | | 7,331 | A | | \$ <mark>0</mark> | 25,086 | | D | | | |
| Common Stock, par value \$0.01 per share 05 | | | 05/06/2 | 2022 | | | | F | | 3,692 | D \$5 | | 54.88 | 21,394 | | D | | | |
| Common Stock, par value \$0.01 per share 05/06/ | | | | 05/06/2 | .022 | | F | | 861 | D | D \$54.88 | | 3 20,533 | | | D | | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transa Code (8) | action (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | te Amount of Securities Underlying Derivative Security (Ir 3 and 4) Expiration | | int of rities rlying ative rity (Inst 4) Amou or Numb | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Reflects the settlement of performance stock units ("PSUs") granted to the reporting person on May 6, 2019, which PSUs vested on May 6, 2022 based on achievement of goals related to adjusted earnings per share growth, adjusted cash flow productivity and relative total shareholder return.

/s/ William P'Pool

05/10/2022

** 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.