FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
OV	OMB Number: 3235-0287									
Es	Estimated average burden									
ho	urs per response	9: 0.5								

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

			i lica		ction 30(h) of the In					JU4				
Name and Address of Reporting Person* Mekhail Adel				2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH]							ationship of Reportin k all applicable) Director	g Person(s) to Issuer 10% Owner		
(Last) 660 WHITE PL		(Middle)	05/04	te of Earliest Transa 4/2023				X		below) eting & Sales				
(Street) TARRYTOWN NY 10591				If Amendment, Date of Original Filed (Month/Day/Year)							ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)		│ │	e 10b5-1(c) Theck this box to indicatisfy the affirmative of	ate that	a trans	action was ma	de pursua	int to a contr	act, instruction or writt n 10.	en plan that is int	ended to	
	Table	e I - No	n-Derivat	ive S	ecurities Acq	uired,	Dis	posed of,	or Bei	neficially	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 (Instr. 4)	
						Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock, par value \$0.01 per share 05/04/2			05/04/2	023		A ⁽¹⁾		5,587	A	\$0	21,362	D		
Common Stock, par value \$0.01 per share 05/04/2			023		F		2,199	D	\$62.02	19,163	D			
Common Stock, par value \$0.01 per share 05/04/2			05/04/2	023		F		482	D	\$62.02	18,681	D		
	То	shla II	Dorivotiv	, S S S	curities Acqui	irad [lion	and of a	r Bone	ficially	Durnad			

Derivative Securities Acquired, Disposed of, or Beneficially (e.g., puts, calls, warrants, options, convertible securities) 3 Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and

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)	cution Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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. Reflects the settlement of performance stock units ("PSUs") granted to the reporting person on May 4, 2020, which PSUs vested on May 4, 2023 based on achievement of goals related to adjusted earnings per share growth, adjusted cash flow productivity and relative total shareholder return.

/s/ Adel Mekhail by William P'Pool as attorney-in-fact pursuant to power of attorney 05/08/2023

dated May 14, 2019 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.