FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* <u>Lombardi Ronald M.</u>					2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH]									(Ch	Relationship eck all app X Direc	licable)	ng Per	rson(s) to Is 10% Ov	
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/06/2024									^ belov	er (give title v) Chief Exec	utive	Other (s below)	specify
(Street) TARRY	Street) TARRYTOWN NY 10591			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	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.										nded to				
		Table	l - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3en	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Date,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)			es Acq Of (D) (uired (Instr.	(A) or . 3, 4 an	Benefic	ties cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(111341. 4)			
Common	Stock, par	value \$0.01 per	share	05/06/	2024				A ⁽¹⁾		85,533	1	A	\$ <mark>0</mark>	\$0 348.01 D				
Common	Stock, par	value \$0.01 per	share	05/06/	2024				F		41,356	I	D	\$70	\$70 306,654 D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		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 (Ins 3 and 4)		f g nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Expirat Exercisable Date		Expiration Date	Title	of	mber					

Explanation of Responses:

1. Reflects the settlement of performance Stock Units ("PSUs") granted to the reporting person on May 3, 2021, which PSUs vested on May 6, 2024 based on achievement of goals related to adjusted earnings per share growth

> /s/ Ronald M. Lombardi by William P'Pool as attorney-in-05/08/2024 fact pursuant to power of attorney dated May 8, 2017 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.