SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 obligations may continue. See Instruction 1(b).
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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 Addres <u>Fritz Mary Bo</u> (Last) 660 WHITE PL	eth (First)	son* (Middle)		2. Issuer Name and Ticker or Trading Symbol <u>Prestige Consumer Healthcare Inc.</u> [PBH] 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021							ationship of Reportin k all applicable) Director Officer (give title below) Senior VP Qual	10% C Other below	Owner (specify)	
(Street) TARRYTOWN (City)	NY (State)	10591 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/08/2021						6. Ind Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Та	ble I - No	on-Derivat	tive	Securities Acc	quired	l, Di	sposed of	, or Be	eneficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			03/04/20	21		S		6,505	D	\$42.58(1)	9,994	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														

	(e.g., puts, cans, warrants, options, convertible securities)														
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)	4. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/Y	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. This amendment is being filed to reflect the weighted average sale price. The reporting person reflected multiple same-way open market sale transaction on the same date at different prices through a trade ordered executed by a broker-dealer. These shares were sold in multiple transactions at prices ranging from \$42.54 to \$42.60 per share. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

<u>/s/ Mary Beth Fritz by William</u> <u>P'Pool attorney-in-fact</u> <u>pursuant to power of attorney</u> <u>03/09/2021</u> <u>dated August 7, 2018 on file</u> <u>with the Commission</u>

** 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).

 $\star\star$ 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.