FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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

Name and Address of Reporting Person*     Lombardi Ronald M.			2. Date of Event Requiring Staten Month/Day/Year 12/06/2010	nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol Prestige Brands Holdings, Inc. [ PBH ]						
(Last) (First) (Middle) 90 NORTH BROADWAY					Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) IRVINGTON	NY	10533			X	Officer (give title below)  Chief Financial C	Other (spe below) Officer	cify		cable Line) Form filed by Form filed by	d/Group Filing (Check  y One Reporting Person  y More than One
(City)	(State)	(Zip)								Reporting P	erson
		7	able I - Non	-Derivat	ive S	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)				2	. Amou	int of Securities			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
				В	Benefici	ally Owned (Instr. 4)	or Indirect (		(Instr.	5)	
No securities a	re beneficially	owned.		В	Benefici	ally Owned (Instr. 4)	or Indirect (		(Instr.	5)	
No securities a	re beneficially			Derivative	e Sec	, , ,	or Indirect (Instr. 5)	(1)`´	(Instr.	5)	
No securities at	J	(e. <u></u>		Derivative Is, warra cisable and	e Secunts, o	0 urities Beneficially (	or Indirect (Instr. 5)  D  Owned securities	(1)`´	rsion	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Ronald M. Lombardi

12/08/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).