Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

## 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 Addre	ss of Reporting Perso	on <sup>*</sup>		lssuer Name <b>and</b> Ticke <u>cestige Consume</u>		Symbol care Inc. [ PBH ]		tionship of Reporting Person(s) to Is all applicable) Director 10% O			
(Last)	(First)	(Middle)		Date of Earliest Transa /06/2024	action (Month/	Day/Year)		Officer (give title below)	Other below)	(specify )	
660 WHITE PL	AINS ROAD		4.	If Amendment, Date of	Original Filed	I (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)							1	Form filed by On	e Reporting Per	son	
TARRYTOWN NY 10591								Form filed by Mo Person	re than One Rep	porting	
(City)	(State)	(Zip)	R	ule 10b5-1(c)	Transact	ion 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.							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
Date			2. Transaction Date (Month/Day/Yea	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)	4 and	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	08/06/2024		Α		2,202 <sup>(1)</sup>	Α	\$ <mark>0</mark>	4,497	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)			vative rities lired r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/N	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. The Reporting Person received 2,202 restricted stock units equal to \$150,000 divided by the closing stock price of \$68.13 on August 6, 2024, in connection with the Issuer's director compensation program. The restricted stock units vest on the first anniversary of grant and will be settled by delivery to the Reporting Person of one share of common stock of the issuer for each vested restricted stock unit promptly following the earliest of (1) the Reporting Person's death, (ii) the Reporting Person's separation or (iii) change in control.

/s/ James C. D'Arecca by	
Christine Sacco Attorney-in-	
Fact pursuant to Power of	08/07/2024
Attorney dated July 5, 2023	
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.