FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* Sacco Christine					2. Issuer Name <b>and</b> Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						,								_	irector fficer (give titl	_	10% C	wner (specify	
(Last) 660 WHI	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/12/2019										elow)				
(Street) TARRYT	OWN N	N NY 10591				4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) <mark>X</mark> F	<b>,</b>			
(City)	(Si	ate)	(Zip)													erson	ore th	han One Rep	orting
		Tak	le I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	posed o	f, o	r Ben	efici	ally Ov	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Transaction Code (Instr.						nd Se Be Ov	Securities Seneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	· v	Amount		(A) or (D)	Price	Tra	Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock, par value \$0.01 per share 09/12/2				/2019		F		2,273	3	D	\$35	.32	22,304		D				
		7	able II - I								osed of, onvertib				y Own	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,		ransaction ode (Instr.				Exerci ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price Derivati Security (Instr. 5	derivative Securities	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(4)	(A) (D)		ahla	Expiration	Amour or Number of		nber					

**Explanation of Responses:** 

/s/ Christine Sacco by William
P'Pool attorney-in-fact
pursuant to power of attorney
dated May 9, 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.

- $^{\star}$  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.