SEC Form 4

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

1. Name an		f Reporting Person*		Fileu							ies Exchang	e aci u						
		f Reporting Person*					()	uic ii	ivestme	nt Cor	mpany Act o							
	1. Name and Address of Reporting Person [*] <u>Mekhail Adel</u>				2. Issuer Name and Ticker or Trading Symbol <u>Prestige Consumer Healthcare Inc.</u> [PBH]							Relationshi Check all app Direc	licable)		rson(s) to Is 10% Ov Other (s	vner		
(Last) (First) (Middle) 660 WHITE PLAINS RD.				3. Date of Earliest Transaction (Month/Day/Year) 05/04/2021							X below) below) EVP, Marketing & Sales				specify			
(Street) TARRYT (City)	TOWN N		0591 Zip)		4. If A	Amendi	ment, D	Date o	f Origina	al Fileo	d (Month/Da	y/Year)			n filed by On n filed by Mo	ne Rep	ng (Check A porting Perso an One Repo	on
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Own	ed			
1. Title of Security (Instr. 3) Date (Month/Da				Execution Date,		Transaction Disposed Of Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 a				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) c (D)	Price	Transa	action(s) 3 and 4)			(
Common Stock, par value \$0.01 per share 05/04/2					/2021		F		472	D	\$44	.32 1	32 14,056		D			
		Tal									osed of, onvertib			lly Owne s)	d			
1. Title of Derivative Security (Instr. 3)	ecurity Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			on Date,	Transaction of		Expiration Date (Month/Day/Year)			7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying itive ity (Instr.	8. Price of Derivative Security (Instr. 5)	ve derivative Securities	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

Date Exercisable

Expiration Date

Explanation of Responses:

/s/ Adel Mekhail by William P'Pool as attorney-in-fact pursuant to power of attorney 05/06/2021 dated May 14, 2019 on file with the Commission ** Signature of Reporting Person Date

of Shares

Title

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).

Code V

(A) (D)

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.