FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
vasimigion,	D.O.	20040	

STATEMENT OF	CHANGES	IN RENEFICIAL	

OMB APPROVAL											
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).

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*     Sacco Christine					2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ]								5. Relationship (Check all app Direct		licable) tor	•	10% Ov	vner	
(Last)	(F ITE PLAI)	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023								X	belov	er (give title v) Chief Fina		Other (s below)	specify
(Street)											Line)	,							
	TOWN N	Y 1	0591											X		filed by Mo		n One Repo	
(City)	(S	tate) (2	Zip)		Rul	Rule 10b5-1(c) Transaction 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 - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	enef	icially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4			Securit Benefic Owned	ities For icially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$0.01 per share 05/03/			05/03/2	2023				F		1,216	D	\$	51.25	4	1,469		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	Exercise (Month/Day/Year) if any (Month/Day/Year) if any		ion Date,	4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	ative derivative rity Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					

**Explanation of Responses:** 

/s/ Christine Sacco by William P'Pool as attorney-in-fact pursuant to power of attorney 05/05/2023 dated May 8, 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.

- \* 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.