SEC Form 4

FORM 4

Check this box if no longer subject

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

OMB APPROVAL

| | OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| | 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(b) of the Investment Company Act of 1940

| | | | | 01 000 | | counter | | ipany not of 1 | 010 | | | | | | |
|--|-------------------------|-------|---------------------------------------|---|---|----------|------------------------------------|----------------|--------|---|---|---|----------------------|--|--|
| 1. Name and Address of Reporting Person [*] ZIER DAWN M. | | | | 2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH] | | | | | | | ionship of Reporting Person(s) all applicable) Director 10% | | to Issuer 6 Owner | | |
| (Last) | (Last) (First) (Middle) | | | | e of Earliest Transa 5/2024 | ction (N | 1onth/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| 660 WHITE PLAINS ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | 1 | Form filed by On | | | | |
| TARRYTOWN | NY | 10591 | | | | | | | | | Form filed by Mo Person | ore than One Re | porting | | |
| (City) | (State) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | ten plan that is int | ended to | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or | Price | Reported Transaction(s) | | (1150.4) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

A

2,202(1)

| | | | | | | | | | | | | | , | | | | i. |
|--|---|---|---|--|------|-----------------------------------|-----|--|--|--------------------|---|--|---|--|--|--|-----------------|
| | 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) if any (Month/Day/Year) | | | Transaction Code (Instr. 8) | | mber rities ired r osed) : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | ct al nip |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Common Stock, par value \$0.01 per share

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/ Dawn M. Zier by Christine Sacco Attorney-in-Fact pursuant to Power of Attorney 08/07/2024 dated May 4, 2020 on file with the Commission

** Signature of Reporting Person Date

\$<mark>0</mark>

Α

14,439

D

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).

08/06/2024

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.

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).