FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number:	OMB Number: 3235-0104								
Estimated average burden									
hours per response:	0.5								

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 Address of Reporting Person* Mannelly Matthew 2. Date of Event Requiring Statemer (Month/Day/Year) 09/02/2009			nent	3. Issuer Name and Ticker or Trading Symbol Prestige Brands Holdings, Inc. [PBH]							
(Last) 90 NORTH BI (Street) IRVINGTON (City)		(Middle) 10533 (Zip)				ationship of Reporting Person (all applicable) Director Officer (give title below) President and C	10% Owne Other (spe below)	er	(Mon	hth/Day/Year) dividual or Joint cable Line) Form filed by	Ate of Original Filed VGroup Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) Beneficially Owned (Instr. 4) Grant Direct (D) or Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conv. or Ex		Conve or Exe	ercise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price of Derivation Security	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Matthew Mannelly 09/04/2009

** Signature of Reporting Person Dat

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).