SEC Form 4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

I I Name and Address of Reporting Leison		rson*	2. Issuer Name and Ticker or Trading Symbol <u>Prestige Consumer Healthcare Inc.</u> [PBH]		ationship of Reporting Per < all applicable) Director	10% Owner			
(Last) 660 WHITE PL.	(First) (Middle) AINS ROAD		3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023	X	Officer (give title below) Senior VP Quality &	Other (specify below) Regulatory			
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filin	g (Check Applicable			
(Street) TARRYTOWN	NY	10591		X	Form filed by One Rep Form filed by More tha	0			
					Person	n One Reporting			
(City)	(State)	(Zip)	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount (A) or (D) Price		Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock, par value \$0.01 per share	05/04/2023		<b>A</b> <sup>(1)</sup>		3,364	A	\$ <mark>0</mark>	17,990	D		
Common Stock, par value \$0.01 per share	05/04/2023		F		1,686	D	\$62.02	16,304	D		
Common Stock, par value \$0.01 per share	05/04/2023		F		370	D	\$62.02	15,934	D		

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

	(3-, +,,,																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		of E Derivative (I Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		and 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

## Explanation of Responses:

1. Reflects the settlement of performance stock units ("PSUs") granted to the reporting person on May 4, 2020, which PSUs vested on May 4, 2023 based on achievement of goals related to adjusted earnings per share growth, adjusted cash flow productivity and relative total shareholder return.

/s/ Mary Beth Fritz by William <u>P'Pool attorney-in-fact</u> pursuant to power of attorney 05/08/2023 dated August 7, 2018 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.

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