FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject | STATEME |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | File |

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* COSTLEY GARY E | | | | | 2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH] | | | | | | | | (Ch | Relationship eck all app X Direc | , | ng Per | rson(s) to Is | | |
|--|--|----------|---------------|-----------------|---|---|---|---|---------------------|----------|--|---------------------------|-----------|---|--|--|---|---------------------------------------|-------------|
| (Last) 660 WH | ` | First) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2020 | | | | | | | | Office below | cer (give title ow) | | Other (specify below) | | |
| (Street) TARRY (City) | FOWN N | | L0591 Zip) | | 4. If A | Line) | | | | | | | | e) X Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | l - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5) | | | | | | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) |) or) | Price | Transa | ction(s) 3 and 4) | | | (111511. 4) |
| Common | ommon Stock, par value \$0.01 per share 08/04 | | | 08/04/ | 2020 | | | A | | 3,732(1) | <u> </u> | A \$0 | | 50,200 | | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | ransaction of Code (Instr. Deriva | | vative irities ired r osed) | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Numb of Title Share | | | | | | | |

Explanation of Responses:

1. The Reporting Person received 3,732 restricted stock units (equal to \$145,000 divided by the closing stock price of \$38.86 on August 4, 2020) in connection with the Issuer's director compensation program. The restricted stock units vest immediately upon 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 (i) the Reporting Person's death, (ii) the Reporting Person's separation from service or (iii) change in control.

> <u>/s/ Gary E. Costley by William</u> P'Pool attorney-in-fact

pursuant to power of attorney 08/06/2020

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.