FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	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

Name and Address of Reporting Person* Hennessey Paul A.			. Date of Event Requiring Staten Month/Day/Year 03/04/2011	nent	3. Issuer Name and Ticker or Trading Symbol Prestige Brands Holdings, Inc. [PBH]							
(Last) (First) (Middle) 90 NORTH BROADWAY					Relationship of Reporting Person(s) (Check all applicable) Director			(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)					X	Officer (give title below) Vice President, Ope	Other (spe below) erations	cify		icable Line)	t/Group Filing (Check	
IRVINGTON	NY	10533								Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)										
		7	able I - Non	-Derivati	ive Se	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)							3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. The of Securi	ty (msu. 4)					nt of Securities ally Owned (Instr. 4)	Form: Direct or Indirect	t (D)			Beneficial Ownership	
No securities a		owned.					Form: Direct or Indirect	t (D)			Beneficial Ownership	
				Derivative	e Sec	ally Owned (Instr. 4)	Form: Direct or Indirect (Instr. 5)	et (D) (I)			Beneficial Ownership	
	re beneficially	(e. <u></u>		Derivative Is, warrancisable and	e Secunts, o	ally Owned (Instr. 4) 0 urities Beneficially (Form: Direct or Indirect (Instr. 5) D Owned securities	et (D) (I)	rsion rcise		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Paul A. Hennessey

03/04/2011

** Signature of Reporting Person

Date

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).