FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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

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

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Name and Address of Reporting Person* HOPKINS SHEILA					2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
														\dashv				10% O	-	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023									bel	cer (give title ow)		Other (below)	specify		
660 WHITE PLAINS ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
(Ctroot)															X Form filed by One Reporting Person					
(Street) TARRY	TOWN :	NY	10591												Form filed by More than One Reporting Person					
(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.																		
		Tabl	e I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, o	r Ben	efici	ally Ov	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				·	Exec if any	Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. and 5)			ties Acquired (A d Of (D) (Instr. 3			Secu Bene Own Follo	wing	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	Tran	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock, par value \$0.01 per share 08/01/2					2023			A		2,295(1	5 ⁽¹⁾ A		\$()	25,827		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)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed) r. 3, 4	6. Date E Expiratio (Month/D	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f g	8. Price o Derivative Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Tit	or	ount nber ires						

Explanation of Responses:

1. The Reporting Person received 2,295 restricted stock units equal to \$150,000 divided by the closing stock price of \$65.37 on August 1, 2023, 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/ Shelia A. Hopkins by
William P'Pool Attorney-inFact pursuant to Power of
Attorney 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.