SEC Form 4	
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## FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

	tion 1(b).	unue. See		Filed						ies Exchang mpany Act o		f 1934			hours	per re	esponse:	0.5
1. Name and Address of Reporting Person <sup>*</sup> Sacco Christine (Last) (First) (Middle) 660 WHITE PLAINS RD.				or Section 30(h) of the Investment Company Act of 1940         2. Issuer Name and Ticker or Trading Symbol         Prestige Consumer Healthcare Inc.         3. Date of Earliest Transaction (Month/Day/Year)         05/03/2022								Check a	Relationship of Reporting Person(s) to Is neck all applicable) Director 10% Ov X Officer (give title Other (s below) below) Chief Financial Office				vner	
(Street) TARRYTOWN NY 10591 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X					
		Table	I - No	n-Deriva	tive S	Secur	ities Aco	quired	, Dis	posed of	, or B	Benefi	cially C	)wn	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Day/Year) if any		eemed ution Date, th/Day/Year)			ies Acquired (A) Of (D) (Instr. 3,		4 and Seco Ben Owr		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) ( (D)	or Pric	e Reported Transaction(s (Instr. 3 and 4		ction(s)			(Instr. 4)
Common Stock 05/03/2				2022		F		1,150	D	\$5	4.44 3		3,165		D			
		Ta	ble II -							osed of, o convertib				vneo	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security		Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		saction of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

Date Exercisable

Expiration Date

Explanation of Responses:

## /s/ Christine Sacco by William P'Pool as attorney-in-fact pursuant to power of attorney 05/05/2022 dated May 8, 2017 on file with the Commission

or Number

Shares

of

Title

\*\* 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).

Code v

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.

(D) (A)