FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	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(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* RICCIARDI NATALE S							2. Issuer Name <b>and</b> Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>rticci</u>		<u> </u>									X Dire	ctor		10% Ov	vner							
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023										er (give title w)		Other (s	specify		
660 WHITE PLAINS ROAD						4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(0)																	X Form filed by One Reporting Person					
(Street) TARRYTOWN 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.																					
		•	Table I	- Noi	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	ally Ow	ned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)							Exec if any	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Secur Benet Owne Follow	ollowing		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	() (I	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock, par value \$0.01 per share 08/01/2							2023			A		2,295(1	5 <sup>(1)</sup> A		\$ <mark>0</mark>	2	27,098		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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4			3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
	Co		Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res										

## 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/ Natale S. Riccardi by
William P'Pool Attorney-inFact pursuant to Power of
Attorney dated May 8, 2017

08/03/2023

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.