FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
-------------	------------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

				Code	v	(A)	(D)	Date Exercis	ahle	Expiration Date	Title	Amo or Num of Shar	nber								
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year)			4. Transaction Code (Instr. 8) 5. Numt of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
			Tal									osed of, convertib				Owne	d				
Common Stock, par value \$0.01 per share 05/03/2				2024				F		1,167	67 D		\$70	18	18,481		D				
Common Stock, par value \$0.01 per share 05/02/2					024			F		1,090	D	1	\$71.26	19	9,648		D				
Common Stock, par value \$0.01 per share 05/02/2						024		F		1,000	D	1	\$71.26	20),738	738 D					
						ľ		•			v	Amount	(A) o	or F	Price	Report Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution D			tion Date, Tra		Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3,				ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
			Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or B	ene	ficial	ly Own	ed				
							saction was mons of Rule 10					uction or writt	ten plar	n that is inter	nded to						
(City)	((State)	(2	Zip)		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	catio	n	1						
TARRY	TOWN 1	NY	1	0591													Form filed by More than One Report Person				
(Street)								,		J		•	. ,		Line)	1	filed by On				
660 WHITE PLAINS ROAD					4. If <i>A</i>	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable						
(Last)	((First)	1)	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/02/2024							X	belov			below)	poony			
Sacco Christine					Pie	Prestige Consumer Healthcare Inc. [PBH]									Direc			10% Ov Other (s			
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Instruc	tion 1(b).				Filed							ies Exchang mpany Act o		f 193	4		liouis		sponse:	0.5	

Explanation of Responses:

/s/ Christine Sacco by William P'Pool as attorney-in-fact pursuant to power of attorney 05/06/2024 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.