FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	Estimated average burden								
l	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Connors Timothy</u>							2. Issuer Name and Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [PBH]								eck all app Dired	olicable) ctor		Owner
						3. Date of Earliest Transaction (Month/Day/Year) 05/07/2019									^ belo	,	belo & Marketin	<i>'</i>
(Street) TARRYTOWN NY 10591 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) X Forr Forr	′			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			3. 4. Securities Disposed O Code (Instr. 8)						Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A)	or	Price	Trans	action(s) 3 and 4)		(11150.4)
Common	Stock, par	//2019	2019		F		1,380		D \$30.1		15 2	24,395	D					
		Та									sed of, onvertib				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	4. Transactic Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe		str. 3	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Shar	res				

Explanation of Responses:

<u>/s/ Timothy Connors by</u> <u>William P'Pool as attorney-in</u>

fact pursuant to power of 05/08/2019 attorney dated May 9, 2017 on

file with the Commission

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.