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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject 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(h) of the Investment Company Act of 1940

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

1 0	* 	2. Issuer Name and Ticker or Trading Symbol <u>Prestige Consumer Healthcare Inc.</u> [PBH]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>E</u>			X	Director	10% Owner Other (specify below)		
(First) NS ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/30/2019		Officer (give title below)			
	10591	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing (Check Applicable			
NY			X	Form filed by One Repor	ting Person		
				Form filed by More than One Reporting Person			
(State)	(Zip)						
(E (First) NS ROAD NY	(First) (Middle) NS ROAD NY 10591	E Prestige Consumer Healthcare Inc. [PBH] (Middle) 3. Date of Earliest Transaction (Month/Day/Year) NS ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) NY 10591	E Prestige Consumer Healthcare Inc. [PBH] (Check X (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Check X NS ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv NY 10591 X	E Prestige Consumer Healthcare Inc. [PBH] (Check all applicable) First) (Middle) NS ROAD 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) NY 10591 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Line) X Form filed by One Report Form filed by More than of Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.01 per share	07/30/2019		Α		4,183(1)	Α	\$ <mark>0</mark>	38,968	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

									1		1				
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/Year)	4. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The Reporting Person received 4,183 restricted stock units (equal to \$145,000 divided by the closing stock price of \$34.67 on July 30, 2019) in connection with the Issuer's director compensation program. The restricted stock units vest immediately upon 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 (i) the Reporting Person's death, (ii) the Reporting Person's separation from service or (iii) change in control.

 (s/ John E. Byom by William

 P'Pool attorney-in-fact

 pursuant to power of attorney
 08/01/2019

 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.