SEC Form 4

FORM 4

Check this box if no longer subject

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 | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | nt to Se | ction 16(a |) of the | Securiti | ies Exchange | e Act of 1934 | | | | nated average s per respons | | | 0.5 |
|---|----------------------|--------------|---------------------------|------|--------------------|-----------------------------|----------|------------|----------------------------|---------------|------------------|---|---------|--------------------------------|-----------|---------|-----|
| | | | | | | | | | npany Act of | | | | | | | | |
| 1. Name and Addre <u>P'Pool Willia</u> | | erson* | | | | ne and Tio Consur | | 0 | Symbol <u>care Inc.</u> | [PBH] | (Chec | ationship of F k all applicat Director Officer (gi | ile) | 10 | ,)% O | | , |
| (Last) 660 WHITE PL | (First) AINS ROAD | (Middle) | | | te of Ea 6/2020 | | saction | i (Month/ | /Day/Year) | | X | below) | | | elow) | | |
| (Street) | | | 4. | If A | mendm | ient, Date | of Orig | inal Fileo | d (Month/Day | //Year) | 6. Indi Line) | vidual or Joir | nt/Grou | ıp Filing (Ch | eck A | pplical | le |
| TARRYTOWN | NY | 10591 | | | | | | | | | X | Form filed | l by On | ne Reporting | Pers | on | |
| (City) | (State) | (Zip) | | | | | | | | | | Form filed Person | l by Mc | ore than One | Rep | orting | |
| | Т | able I - Non | -Derivativ | e S | Securi | ties Ac | quire | d, Dis | posed of, | or Benef | ficially | / Owned | | | | | |
| | " | | 0 T urne e etite e | | 00.0 | | 1 | | | | N | E A | | 6.0 | | 7 | |

| 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) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 05/06/2020 | | F | | 849 | D | \$30.56 | 16,663 | D | |
| Common Stock | 05/07/2020 | | F | | 807 | D | \$29.46 | 15,856 | D | |

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

| | | | (371 | , | | | | • • | | | | , | | | |
|---|---|--|---|------------------------------|---|---------------|-----|--|--------------------|---|--|---|--|--|--|
| 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 Expiration | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 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:

Remarks:

SVP, General Counsel & Corporate Secretary

/s/ William P'Pool

05/08/2020

** 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.