FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF (| CHANGES | IN BENEFICIA | AL. | OWNERSHIP |
|-----------|------------|---------|-----------------|-----|--------------|
| | O . | | III DEIIEI IOI/ | ٠. | O 1111E: (O: |

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| 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* Mannelly Matthew | | | | 2. Issuer Name and Ticker or Trading Symbol Prestige Brands Holdings, Inc. [PBH] | | | | | | | | | 5. Relationship of Reporti (Check all applicable) X Director | | | , | Issuer Owner | | | |
|--|---|----------------|--|---|---|-------------------------------|---|---------|-----------------------------------|--|--|--------------------|---|------------------|---------------------|---|-----------------|--|---|--|
| (Last) (First) (Middle) 660 WHITE PLAINS RD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2013 | | | | | | | | | | X | Office | , | Othe below t and CEO | r (specify v) | |
| (Street) TARRYT | | NY (State) | | 0591 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table | e I - Nor | n-Deriva | ative | Sec | curitie | s Acq | uired, | Disp | osed o | f, or | Bene | eficia | ally C |)wne | ed | | |
| Date | | | | 2. Transa Date (Month/D | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | (A) or 3, 4 a | nd | 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 | . 1 | Transa | ction(s) and 4) | | (Instr. 4) |
| Common Stock, par value \$0.01 per share 08/05 | | | | | 08/05 | /2013 | | G | V | 600 | 600 | | \$(| 0 | 123,576 | | D | | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | | | 6 | 9,424 | I | By Trust ⁽¹⁾ | |
| | | | Та | ble II - C | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversic or Exercis Price of Derivative Security | n Dat e (Mo | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I B) | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | , | Code | v | (A) | | | | expiration Pate | Title | or | ount nber res | | | | | |

Explanation of Responses:

1. The shares are held by a family trust of which the reporting person is trustee and the beneficiaries are the reporting person's children.

/s/ Matthew M. Mannelly by Samuel C. Cowley as attorney-08/06/2013 in-fact pursuant to power of attorney dated May 9, 2012 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.