Instruction 1(b).

FORM 4

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF |
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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    |  |  |  |  |  |  |  |  |

|  | e conditions of<br>ee Instruction   |                     |              |  |  |  |  |   |                         |                                 |   |  |                                    |  |  |             |  |                       |  |  |
|--|---|---------------------|--------------|--|--|--|--|---|-------------------------|---------------------------------|---|--|------------------------------------|--|--|-------------|--|-----------------------|--|--|
| Name and Address of Reporting Person*     Sacco Christine  |   |                     |              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Prestige Consumer Healthcare Inc. [ PBH ] |  |  |  |   |                         |                                 |   | Relationship<br>heck all app<br>Direc  | licable<br>tor                     | ng Per   | 10% O  | vner        |  |                       |  |  |
| (Last)<br>660 WH   | ,   | irst) (I<br>NS ROAD | (Middle)     |  |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025                        |   |                         |                                 |   |  |                                    |  | Officer (give title below)   |             |  | Other (specify below) |  |  |
| (Street) TARRY   | TARRYTOWN NY 10591  |                     |              |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                   |  |   |                         |                                 |   |  |                                    | Lin  | Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person |             |  |                       |  |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned        |                     |              |  |  |  |  |   |                         |                                 |   |  |                                    |  |  |             |  |                       |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |                     |              | Execution Date,  |  | Date,  | 3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3) |   |                         |                                 | nd Securit<br>Benefic                               | ties Fo<br>cially (D<br>I Following (I)  |                                    | 6. Ownership<br>Form: Direct<br>D) or Indirect<br>I) (Instr. 4)          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |             |  |                       |  |  |
|  |   |                     |              |  |  | Code   | v  | Amount  | (A<br>(D                | () or<br>()                     | Price   | Transa   | Transaction(s)<br>(Instr. 3 and 4) |  |  | (111311. 4) |  |                       |  |  |
| Common Stock, par value \$0.01 per share 01/06/2   |   |                     |              |  |  | 2025   |  |   | <b>A</b> <sup>(1)</sup> |                                 | 21,136  |  | A                                  | \$0  | 51   | 51,259      |  | D                     |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |                     |              |  |  |  |  |   |                         |                                 |   |  |                                    |  |  |             |  |                       |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |                     | Code (<br>8) | Transaction of Code (Instr. Derivative   |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |  | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amount or Number of Title Shares |                         | f<br>g<br>nstr.<br>ount<br>mber | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |             |  |                       |  |  |

## **Explanation of Responses:**

1. The Restricted Stock Units vest on January 6, 2029

/s/ Christine Sacco by William P'Pool as attorney-in-fact pursuant to power of attorney 01/07/2025 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.

- $^{\star}$  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.