FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OIVID APPR	OVAL
l	OMB Number:	3235-0287
l	Estimated average burn	den

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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

										ipariy Act									
1. Name and Address of Reporting Person* <u>Lederer John Anthony</u>					2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]						T	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
				- 1	The second pools randing, mer [Whit]								X	Director	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)			Other (s below)	pecify	
C/O WA	LGREENS	BOOTS ALLIA	NCE, INC.	١٠	01/28/2016														
108 WII	MOT ROA	D																	
100 WILMOT ROAD				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													X	Form fil	led by One	Reno	rtina Persor		
DEERFI	ELD IL		60015										Δ,	, , ,					
		_											Form filed by More than One Reporting Person					urig	
(City)	(S	tate)	(Zip)																
		Та	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quired, I	Disp	osed o	of, or Be	nefic	ially	Owned					
1. Title of	Security (Inst	tr. 3)		Transactio			3. 4. Securities Acquired (A) of								7. Nature of ndirect Seneficial Ownership				
				Date (Month/Day/Year)		Execution Date, if any (Month/Day/Yea		Code (Inst				str. 3, 4	and 5)	Securities Beneficially Owned Following		lly	Form: Dire (D) or Indir (I) (Instr. 4)	Indirect	
					(World In Day) Teal		′ • ′ − −						Reported	ı " '''	(1) (111		(Instr. 4)		
								Code	V	Amount	(A) ((D)	^{)r} Pri	rice Transac (Instr. 3		on(s) ind 4)				
			Table II - De	rivativ	9 500	ruritiae	Λcαι	uired Di	enc	sed of	or Ben	oficia	llv C)wned	<u>'</u>		<u> </u>		
								, option	•		•		•	wiieu					
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			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)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Sha	er		(Instr. 4)	oni(ə)			
Phantom Stock Units	(1)	01/28/2016		A		306.017		(2)		(2)	Common Stock	306.	017	\$77.61	2,112.5	(3)	D		

Explanation of Responses:

- 1. The phantom stock is issued as non-employee director compensation under the Walgreens Boots Alliance, Inc. 2013 Omnibus Incentive Plan, as amended (including the applicable election forms thereunder, the "Plan"), and each unit of phantom stock is the economic equivalent of one share of the company's common stock.
- 2. To be settled following termination of service as a director in accordance with the terms and conditions of the Plan.
- $3. \ Includes \ phantom \ stock \ units \ issued \ in \ lieu \ of \ dividends \ (through \ January \ 15, 2016) \ on \ outstanding \ phantom \ stock \ units.$

Remarks:

/s/ Kelsey Chin, attorney-in-fact 01/29/2016

** 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.