FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPR	OVAL
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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

Name and Address of Reporting Person* Kehoe James				2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]					(Cho	elationship of eck all applica Director 	ble)	Persor	n(s) to Issue 10% Owi Other (sp	ner			
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC.				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018						below) `	below) CVP and Global CFO		below)				
108 WILMOT ROAD (Street)				4. If Amendment, Date of Original Filed (Month/Day/Year) 11/02/2018					Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
DEERFI (City)		itate)	60015 (Zip)	-									Form file Person	ed by More	than (One Reporti	ng
7	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transact Code (In 8)					Beneficial Owned Fo	Form ly (D) or	6. Own Form: (D) or I (I) (Inst	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership		
							Code	/	Amount	t (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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 of Securit Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	ive ties cially l ing ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option (right to buy)	\$79.9	11/01/2018		A		103,702 ⁽¹⁾		(2)	1	11/01/2028	Common Stock	103,702	\$0	103,70)2	D	

Explanation of Responses:

- 1. This amended report on Form 4 is being filed solely to correct the number of employee stock options granted to the reporting person on November 1, 2018 and to update the related vesting schedule, which was reported incorrectly in the original report on Form 4 due to an administrative error. This amendment corrects the total number of employee stock options granted to the reporting person from 86,419 to 103,702.
- 2. The option vests with respect to 34,532 shares on November 1, 2019, with respect to 34,533 shares on November 1, 2020, and with respect to 34,637 shares on November 1, 2021, subject to acceleration or forfeiture in certain circumstances in accordance with the terms and conditions of the amended and restated Walgreens Boots Alliance, Inc. 2013 Omnibus Incentive Plan (together with the related agreement thereunder).

Remarks:

/s/ Kelsey Chin, Attorney-in-

Fact

** Signature of Reporting Person

Date

08/23/2019

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.