FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|---------------------|-----------------|-----------|
| | | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| 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

| Name and Address of Reporting Person* BRAILER DAVID J | | | | | 2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA] | | | | | | | (Ch | eck all applic | , | | ·′ | |
|---|--------|----------------------|----------------------------|---------|---|-----------|--|------------------------|---|------------------|---|--|--|--|--|----|-----------|
| (Last) | (F | irst) BOOTS ALLIA | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/22/2021 | | | | | | - | Officer below) | (give title | | 10% Ow Other (s below) | | |
| 108 WILMOT ROAD | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) DEERFI | ELD II | | 60015 | | X Form filed by One Reporting Per Form filed by More than One Re Person | | | | | | | • | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | | Ta | ble I - Non-De | erivati | ve S | ecurities | s Ac | quired, [| Disp | osed c | of, or Be | neficiall | / Owned | | | | |
| Date | | | ansaction nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | Beneficia Owned Fo | Form Sollowing (I) (Ir | Form: | : Direct I r Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Transacti | reported ransaction(s) nstr. 3 and 4) | | | Instr. 4) |
| | | | Table II - Der (e.g | | | | | uired, Di , options | | | | | Owned | | | | |
| Security or Exercise (Month/Day/Year) if any | | Execution Date, | Code (Instr. | | Derivative | | 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Phantom Stock Units | (1) | 04/22/2021 | | A | | 570.559 | | (2) | | (2) | Common Stock | 570.559 | \$52.58 | 53,537.29 | g ⁽³⁾ | D | |

Explanation of Responses:

- 1. The phantom stock is issued as non-employee director compensation under the Walgreens Boots Alliance, Inc. 2021 Omnibus Incentive Plan (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 April 15, 2021) on outstanding phantom stock units.

Remarks:

/s/ David Brailer by Lillian C. Wilkinson, Attorney-in-fact

04/26/2021

** 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.