| SEC Form 4 | | | | | | | | | | | | | | | |
|--|--------------------------------|--------------|--|---|---|--|--|---|----------|--|---------------------------------|--|--|--|--|
| FOR | M 4 | UNITEI | MMISS | SION | OMB APPROVAL | | | | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | Filed purs | OF CHANGES | of the S | ecuritie | | CMB Number: 3235 Estimated average burden hours per response: | | | 3235-0287 en 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] GRAHAM GINGER L | | | 2. Is: | Walgreens Boots Alliance, Inc. [WBA] (Check all a X D X D | | | | | | | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | |
| (Last) C/O WALGREE 108 WILMOT R | (First) NS BOOTS ALL OAD | | ate of Earliest Transac 01/2021 | ay/Year) | | Officer (give title Other (specify below) below) | | | | | | | | | |
| (Street) DEERFIELD IL 60015 | | | 4. lf . | Amendment, Date of C | Month/Day/Yea | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - No | n-Derivative | e Securities Acq | uired, | Disp | oosed of, o | r Bene | ficially | Owned | | | | | |
| Dat | | | 2. Transaction Date (Month/Day/Yea | Execution Date, | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Follow Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | Amount | ount (A) or P | | Transaction(s) (Instr. 3 and 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. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/\ | ate | 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) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| | Phantom Stock Units | (1) | 11/01/2021 | | A | | 4,226.543 | | (2) | (2) | Common Stock | 4,226.543 | \$47.32 | 47,751.23 ⁽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 October 29, 2021) on outstanding phantom stock units.

Remarks:

/s/ Ginger Graham by Paul

Ingram, Attorney-in-Fact ** Signature of Reporting Person 11/03/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.