FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person*  Murphy Dominic				2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [ WBA ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/20/2023							Officer below)	(give title	Other below)	specify
C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Street) DEERFI	ELD II. 60015			_								Form filed by More than One Reporting Person				
(City)	(Si	,	(Zip)	Dori		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ed to		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			saction	ction 2A. Deemed Execution Date,		Code (Instr.   5)		ed (A) or	or 5. Amount of		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(1154: 4)	
		٦							uired, Dis , options,				Owned			
1. Title of Derivative Security  1. Title of Conversion or Exercise (Instr. 3)  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)  4. Conversion Date (Month/Day/Year)  5. Conversion Date (Month/Day/Year)  6. Conversion Date (Month/Day/Year)  6. Conversion Date (Month/Day/Year)  7. Conversion Date (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		of		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) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Phantom Stock Units	(1)	04/20/2023			A		706.81		(2)	(2)	Common Stock	706.81	\$35.37	59,238.72 <sup>(</sup>	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, 2023) on outstanding phantom stock units.

## Remarks:

/s/ Dominic Murphy by Paul Ingram, Attorney-in-Fact

04/24/2023

\*\* 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.