## FORM 4

## UNITED ST

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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OMB APF	PROVAL
OMB Number:	3235-028

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

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity securities
of the issuer that is intended to satisfy
the affirmative defense conditions of
Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* Bhandari Inderpal S					2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [ WBA ]								ationship of ation	Reporting Person(s) to Issuer ble) 10% Owner				
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD				1	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024								Officer (g below)			Other (s below)		
(Street) DEERFI			60015	'	If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	<u>,                                     </u>						
(City)	(S	state)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				te	2A. Deemed Execution Dat if any (Month/Day/Yo		Date,	Code (Instr.						Securities Beneficially		6. Own Form: I (D) or I (I) (Inst	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					С			Code V	, .	Amount	nt (A) or (D) Pr		ice					
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)  3. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Code (Instr. 8)  5. Number of Derivative Securities  5. Number of Derivative Securities  6. Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		A)	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)			ying	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	Exp Dat	piration te	Title	Amour Number Shares	er of		(Instr. 4)			
Phantom Stock Units	(1)	11/01/2024		A		21,141.65		(2)		(2)	Common Stock	21,14	11.65	\$9.46	32,132.:	58 <sup>(3)</sup>	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 31, 2024) on outstanding phantom stock units.

## Remarks:

/s/ Inderpal S. Bhandari by Cherita Thomas, Attorney-in-

11/05/2024

Fact

\*\* 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.