FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPE	ROVAL
OMB Number:	3235-0287
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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).

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 Pulls 1016 1(c). See conditions of Rule 10b5-1(c). See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

manuc	uon 10.																			
1. Name and Address of Reporting Person* Huffines Robert Luther					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) Director 10% Owner						
															V	_				
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/24/2024								Officer (give title Other (specif below)							
'																				
108 WILMOT ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															Line)	_	ed by One	Reno	rting Person	
DEERFI	ELD II		60015										Form filed by More than Or Person			Ū	· ·			
(City)	(5	State)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transc Date (Month/L					action 2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			Beneficial Owned Fo	For Ily (D) (I) (I) (I) (I) (I) (I) (I) (I)		i. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Co	ode V	'	Amount (A) or (D)			Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
			Table II -				urities Is, warr									Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)			of Securities		s Derivative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode V	v	(A)	A) (D)		cisable		xpiration ate	Title	- [1	Amount or Number of Shares		(Instr. 4)			
Phantom Stock Units	(1)	10/24/2024		I	\		2,676.66		((2)		(2)	Comm		2,676.66	\$9.34	6,896.2	22 ⁽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 15, 2024) on outstanding phantom stock units.

Remarks:

/s/ Robert Luther Huffines by Cherita Thomas, Attorney-in-

10/28/2024

Fact

** 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.