FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington.	D.C. 2	0549		

OMB APPROVAL 3235-0287 Estimated average burden

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	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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

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 Instru	ction 10.													
1. Name and Address of Reporting Person* <u>Gates Richard P.</u>					ier Name and Ticke greens Boots					ationship of Reporting all applicable) Director Officer (give title	10% (
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024							below) below) SVP, Chief Pharmacy Office)``	
(Street) DEERFIELD IL 60015 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indir Line)	, , , , , , , , , , , , , , , , , , ,			
	Т	able I - No	n-Derivat	tive S	ecurities Acq	uired,	Dis	posed of,	or Ber	neficially	Owned			
Date		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			11/01/2	024		A ⁽¹⁾		68,182	Α	\$0	147,655(2)	D		
Common Stock 11/01/2			11/01/2	024		F ⁽³⁾		213	D	\$9.46	147,442(2)	D		
							_	1	1					

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

F(3)

Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	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)	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				

Explanation of Responses:

Common Stock

Common Stock

- 1. Restricted stock unit award granted under the Walgreens Boots Alliance, Inc. 2021 Omnibus Incentive Plan (together with the related award agreement and the applicable election forms thereunder, the "Plan") vests in one-third increments on each of the first, second and third anniversaries of the November 1, 2024 date of grant, subject to acceleration or forfeiture in certain circumstances in accordance with the terms and conditions of the Plan.
- 2. Includes shares underlying restricted stock units issued in lieu of dividends (through October 31, 2024) on outstanding restricted stock units.

11/01/2024

11/01/2024

3. Disposition relating to the satisfaction of tax withholding obligations upon the vesting of restricted stock unit award granted in accordance with Rule 16b-3.

Remarks:

/s/ Richard Gates by Cherita Thomas, Attorney-in-Fact ** Signature of Reporting Person

\$9.46

\$9.46

D

D

1 007

4,915

146,435(2)

141,520(2)

D

D

11/05/2024

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.