Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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

1. Name and Address of Reporting Person* Wilson-Thompson Kathleen						2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]										tionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (spec		wner
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD					10/	3. Date of Earliest Transaction (Month/Day/Year) 10/28/2019										below) below) EVP and Global Chief HRO				
(Street) DEERFI (City)			50015 Zip)		. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	f, oı	Ben	efici	ially	Owne	ed			
			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				10/28/2019		9			A ⁽¹⁾		11,84	1	A	\$0		68,318 ⁽³⁾		D		
Common	Stock			10/28	3/2019)			F ⁽²⁾		3,470)	D	\$5	5.8	B 64,848 ⁽³⁾ D				
Common Stock																250		I		By spouse IRA
		Та	ble II - D)								sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)		n of C. Deri Sec Acq (A) Disp of (I (Ins	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		on Date	r) Amou Secur Under Deriva Secur		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares				9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Shares issued upon settlement of performance share award (not a derivative security within the meaning of Rule 16a-1(c)) granted on November 1, 2016 under the Walgreens Boots Alliance, Inc. 2013 Omnibus Incentive Plan, as amended.
- 2. Disposition relating to the satisfaction of tax withholding obligations upon the settlement of award granted in accordance with Rule 16b-3.
- 3. Includes: (i) 250 underlying restricted stock units issued in lieu of dividends (through September 30, 2019) on outstanding restricted stock units; and (ii) with respect to shares purchased under the WBA employee stock purchase plan, 81 shares on November 30, 2018, 101 shares on December 31, 2018, 95 shares on January 31, 2019, 97 shares on February 28, 2019, 109 shares on March 29, 2019 and 68 shares on April 30, 2019.

Remarks:

/s/ Kelsey Chin, Attorney-in-

10/30/2019

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.