FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

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

	e conditions of ee Instruction																			
Name and Address of Reporting Person* Brown Tracey D						2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/23/2024									below) EVP, Pres., Walgreens Retail					
(Street) DEERFIELD IL 60015 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) Form filed by One Reporting F Form filed by More than One f Person												orting Perso	on	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date						Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)			s Acquired (A) o of (D) (Instr. 3, 4 a		(A) or 3, 4 and	Benefi	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(111341. 4)	
Common Stock 10/23/2						2024			A ⁽¹⁾		10,602	A	1	\$ <mark>0</mark>	193	193,156(2)		D		
Common Stock 10/23/2						2024					3,191	D)	\$9.3	5 189	,965 ⁽²⁾ D		D		
	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)	if any	emed ion Date, /Day/Year)	Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Fxercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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, 2021 under the Walgreens Boots Alliance, Inc. 2021 Omnibus Incentive Plan.
- 2. Includes shares underlying restricted stock units issued in lieu of dividends (through October 15, 2024) on outstanding restricted stock units.
- 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.

Ms. Brown's full title is Executive Vice President, President, Walgreens Retail and Chief Customer Officer

/s/ Tracey D. Brown by

Cherita Thomas, Attorney-in- 10/25/2024

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.