FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

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 Rule 10b5-1(c). See Instruction 10.

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

1. Name and Address of Reporting Person* Gates Richard P.				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						
Sates I	CIOIIGI G I	<u>. </u>													or er (give title		Other (
(Last)	(Fi	ret) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								1		elow)		below)	
C/O WALGREENS BOOTS ALLIANCE, INC.				10/23/2024							SVP, Chief Pharmacy Officer							
108 WILMOT ROAD																		
108 WIL	MOT KOA	AD.			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street) DEERFI	ELD IL	6	0015		4. 11 /	orginar Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person Person							
(City)	(St	ate) (2	Zip)															
		Table	I - No	n-Deriva	tive S	ecuritie	s Acq	uired,	Disp	osed of	, or Be	enefi	cially	own.	ed			
Da			Date	Date Exc (Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4				ies cially Following	Forn (D) o	Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	nount (A) or (D)		ce	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/			10/23/2	2024			A ⁽¹⁾		2,120 A			\$ <mark>0</mark>	80,094(2)			D		
Common Stock 10/23/			10/23/2	2024		F ⁽³⁾		621	D	\$	9.35	79,473 ⁽²⁾			D			
		Tal		Derivati (e.g., pu										Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sed (Ins	Price of rivative curity str. 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)	

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.

Exercisable

Date

(D)

(A)

2. Includes shares underlying restricted stock units issued in lieu of dividends (through October 15, 2024) on outstanding restricted stock units.

Code

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

Remarks:

/s/ Richard Gates by Cherita Thomas, Attorney-in-Fact

or Number

Shares

Title

10/25/2024

** 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.