FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16 Form 4 or Form 5		• • • • • • • • • • • • • • • • • • • •

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Dixon Heather Brianne (Last) (First) (Middle) WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD						Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA] 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019										onship of Reporting all applicable) Director Officer (give title below) SVP, Global Con		10% Ow Other (s below)	wner specify
(Street) DEERFIELD IL 60015 (City) (State) (Zip)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - Nor	ı-Deriv	vativ	e Se	curities	s Acc	quired, C	Disp	osed o	f, or B	ene	eficiall	y Owned	l			
Da			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) P		Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common Stock 11/01/				1/201	/2019			A ⁽¹⁾		3,350	50 A		\$0	8,	8,234		D		
			Table II -						ired, Di						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 I if any (Month/Day	Date,	4. Transa Code (8)		of Derivati Securiti Acquire (A) or Dispose of (D) (II	of E Derivative (Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title		Amount or lumber of Shares					
Employee Stock Option	\$57.38	11/01/2019			A		20,220		(2)	1	1/01/2029	Common Stock	n 2	20,220	\$0	20,22	0	D	

Explanation of Responses:

- 1. This is a grant of restricted stock units under the amended and restated Walgreens Boots Alliance, Inc. 2013 Omnibus Incentive Plan (together with the related award agreement and the applicable election forms thereunder, the "Plan"). The shares underlying these restricted stock units vest with respect to 1,116 shares on November 1, 2020, with respect to 1,116 shares on November 1, 2021, and with respect to 1,118 shares on November 1, 2022, subject to acceleration or forfeiture in certain circumstances in accordance with the terms and conditions of the Plan.
- 2. The option vests with respect to 6,733 shares on November 1, 2020, with respect to 6,733 shares on November 1, 2021, and with respect to 6,754 shares on November 1, 2022, subject to acceleration or forfeiture in certain circumstances in accordance with the terms and conditions of the Plan.

Remarks:

/s/ Kelsey Chin, Attorney-in-

11/04/2019

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.