FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

OMB Number:	3235-0287
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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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction	10.																		
Name and Address of Reporting Person* Mahajan Manmohan				2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																
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-					<u> </u>									Į.	Office below	er (give title		Other (specify	
(Last)	(F	irst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)										EVP and Global CFO				
C/O WALGREENS BOOTS ALLIANCE					10/23/2024 EVP and Global CFO															
108 WII	MOT RO	AD			1															
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					1		,		. 3				,	Line)			3 (
DEERFI	ELD II	. 6	0015		1										/ Form	filed by On	e Rep	orting Pers	on	
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(Cit.)	/5	tota) (7	7:\		1										Perso	on				
(City)	(5	state) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed				
Date			2. Transac Date (Month/Da	ay/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)				ies Acquired (A Of (D) (Instr. 3,			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or P		rice		nsaction(s) etr. 3 and 4)			(Instr. 4)		
Common Stock				10/23/	2024				A ⁽¹⁾		4,544	A	A	\$0	 	7,299(2)		D		
Common Stock 10/			10/23/	2024			F ⁽³⁾		1,331	Ι)	\$9.35	.35 175,968 ⁽²⁾			D				
		Tai									osed of, onvertib				Owne	d	<u> </u>	<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	on Date,	on Date, Transaction Code (Instr				6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (1	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
							(4)	(D)	Date Exercise blo		Expiration	Title	Amo or Num of	per						

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 settlement of award granted in accordance with Rule 16b-3.

Remarks:

/s/ Manmohan Mahajan 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.