FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

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0.5

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

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* <u>Gourlay Alexander W.</u>					2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]							(Che	lationship of ck all applica Director	able)	g Perso	10% Ov		
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019								X	below)			below)	,pcony
(Street) DEERFIELD IL 60015 (City) (State) (Zip)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oity)			ble I - Non-D	Derivati	ive Se	curities	s Acc	nuired. I	Disr	nosed o	of, or Be	nefi	cially	Owned				
1. Title of Security (Instr. 3) 2. Trai			. Transacti	Saction 2A. Deemed Execution Date		ed n Date,	3. 4. Securi Transaction Disposed Code (Instr. 5)		ities Acquired (A) od Of (D) (Instr. 3, 4		or 5. Amour Securitie Beneficia Owned F		s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or P	rice	Reported Transaction (Instr. 3 and	ion(s)			(Instr. 4)
Common Stock 11/			11/01/20	1/2019		A ⁽¹⁾		21,535			\$ <mark>0</mark>	783,875			D			
			Table II - De (e.					uired, Di , option:						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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	e derivativ Securitie Benefici Owned Followin Reporte	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amo or Num of SI			Transaction(s (Instr. 4)		1(5)	
Employee Stock Option (right to	\$57.38	11/01/2019		A		141,806		(2)	11	1/01/2029	Common Stock	141	,806	\$0	141,8	06	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 7,171 shares on November 1, 2020, with respect to 7,171 shares on November 1, 2021, and with respect to 7,193 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 47,221 shares on November 1, 2020, with respect to 47,221 shares on November 1, 2021, and with respect to 47,364 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-

Fact

** Signature of Reporting Person Date

11/04/2019

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.