FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
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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* Polen Thomas E Jr					2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023]		(give title		Other (s below)	· I
C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD				.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) DEERFI	ELD IL		60015												Form f Persor		e than	One Repoi	rting
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non	-Deriv	ative	Sec	curitie	s Ac	quired,	Disp	osed o	of, or Be	ene	eficial	y Owned	t t			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a			Benefici	s Formally (D) of ollowing (I) (II)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3	ction(s)			(111501. 4)
Common Stock 11/01				1/202	/2023		A ⁽¹⁾		1,69	,696 A		\$ <mark>0</mark>	1,696			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Security Or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Day	Date, Transaction Code (Instr			on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or No	umber					
Phantom Stock	(2)	11/01/2023			A		727.1		(3)		(3)	Common Stock	7	727.1	\$20.63	727.1		D	

Explanation of Responses:

- 1. Shares issued as non-employee director compensation under the Walgreens Boots Alliance, Inc. 2021 Omnibus Incentive Plan (including the applicable election forms thereunder, the "Plan").
- 2. The phantom stock is issued as non-employee director compensation under the Plan and each unit of phantom stock is the economic equivalent of one share of the company's common stock.
- 3. To be settled following termination of service as a director in accordance with the terms and conditions of the Plan.

Remarks:

/s/ Thomas E. Polen, Jr. by Cherita Thomas, Attorney-in-11/03/2023

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.