FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington,	D.C.	20549	

STATEMENT	OF CHANG	GES IN BENE	FICIAL O	WNFRSHIP
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OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

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

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>Lederer John Anthony</u>			2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA]						ck all applica	,		on(s) to Issue					
(Last)	`	irst)	(Middle)	,	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2023					Officer (below)	r (give title)		Other (sp below)	pecify			
C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street) DEERFIELD II. 60015									Form filed by More than One Reporting Person				ng				
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a compact the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10						ract, instruction or written plan that is intended to satisfy						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 8)		ed (A) or str. 3, 4 and 5	or 5. Amount Securities Beneficial Owned For Reported		Form (D) or		. Nature of ndirect seneficial ownership nstr. 4)					
				Code V Amount (A) or Pi			Price	Transaction(s) (Instr. 3 and 4)									
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
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)	Cod	nsaction le (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 ar 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					le V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)			
Phantom Stock Units	(1)	11/01/2023		A		9,694.62		(2)		(2)	Common Stock	9,694.62	\$20.63	62,643.	16 ⁽³⁾	D	

Explanation of Responses:

- 1. The phantom stock is issued as non-employee director compensation under the Walgreens Boots Alliance, Inc. 2021 Omnibus Incentive Plan (including the applicable election forms thereunder, the "Plan"), and each unit of phantom stock is the economic equivalent of one share of the company's common stock.
- 2. To be settled following termination of service as a director in accordance with the terms and conditions of the Plan.
- $3.\ Includes\ phantom\ stock\ units\ issued\ in\ lieu\ of\ dividends\ (through\ October\ 31,\ 2023)\ on\ outstanding\ phantom\ stock\ units.$

Remarks:

/s/ John Lederer by Paul 11/03/2023 Ingram, Attorney-in-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.