FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average t | ourden | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | - | | | | | | | | | | | | | | |
|---|--------|-------------|--|---------|--------------------------------|--|-------|------------------------------------|---|---|------------------|--|-------------------------------------|----------------------|--|--|---------------------|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Wilson-Thompson Kathleen | | | | | | 2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA] | | | | | | | | | eck all appli Directo | tionship of Reportin all applicable) Director | | 10% Ov | vner |
| | , | BOOTS ALLIA | (Middle) | C. | 11/ | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2016 | | | | | | | | | below) | Officer (give title below) EVP and Global Chief HRO | | | |
| (Street) DEERFIELD IL 60015 (City) (State) (Zip) | | | | | - 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | |) Form to the control of the contro | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (3 | | (Zip) | n Deriv | vative | | curit | ies Acc | nuired | Die | nosed (| of or F | onof | leiall | v Owner | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, | | 3. 4. Transaction D Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | |) or 5. Amou Securiti Benefic Owned | | int of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | Code | | | v | | | Amount (A) or (D) | | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock | | | 11/28/2016 | | 5 | | | M ⁽¹⁾ | | 5,700 A | | | \$35.5 | 106 | 106,951(2) | | D | | |
| Common | Stock | | | 11/28 | 3/2016 | 5 | | | S ⁽¹⁾ | | 5,700 |)] |) \$ | 85.05 | 5 101 | 101,251 ⁽²⁾ | | D | |
| Common Stock | | | | | | | | | | | | | 2 | 250 | | I | By spouse IRA | | |
| | | Т | able II - | | | | | rrants | , optior | ıs, c | onverti | | | | Owned | | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Ye | | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactic Code (Inst | | on of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s ully | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or Nur of | ount nber ıres | | | | | |
| Employee Stock Option (right to | \$35.5 | 11/28/2016 | | | M ⁽¹⁾ | | | 5,700 | 11/01/201 | .5 1 | 1/01/2022 | Commo Stock | n 5,3 | 700 | \$0 | 0 | | D | |

Explanation of Responses:

- $1.\ Transactions\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ previously\ adopted\ by\ the\ reporting\ person.$
- 2. Includes shares underlying restricted stock units issued in lieu of dividends (through November 20, 2016) on outstanding restricted stock units.

Remarks:

/s/ Mark L. Dosier, Attorney-11/29/2016 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.