FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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* Wilson-Thompson Kathleen				2. Issuer Name and Ticker or Trading Symbol Walgreens Boots Alliance, Inc. [WBA] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner															
(Last) (First) (Middle) C/O WALGREENS BOOTS ALLIANCE, INC. 108 WILMOT ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/09/2016										X Officer (give title below) below) EVP and Global Chief HRO					
(Street) DEERFIELD IL 60015				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting											n			
(City)	(S	tate)	(Zip)												Perso	1			
		Tab	le I - Noi	າ-Deriv	ative	Se	curit	ies Ac	quirec	, Dis	posed (of, or	Bene	ficiall	y Owned	I			
1. Title of Security (Instr. 3) 2. Trans Date (Month/			action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	ount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)		[(Instr. 4)	
Common	Stock			03/09	9/2016				M ⁽¹⁾		6,00	6	A	\$37.3	104	04,332(2)		D	
Common Stock			03/09	9/2016				S ⁽¹⁾		6,00	6,006 D		\$83.0	98,326 ⁽²⁾			D		
Common Stock 03/09				9/2016	2016		M ⁽¹⁾		9,86	7	A	\$37.3	3 108,193(2)			D			
Common Stock 03/			03/09	9/2016	/2016			S ⁽¹⁾		9,86	7	D	\$83	98,	326(2)		D		
Common Stock														250			I s	By spouse RA	
		Т	able II -								osed of converti				Owned				•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			Transa Code (I	ansaction of E ode (Instr. Derivative (N		Expirati	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 derivative Securities Beneficiall Owned Following Reported Transactio (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 Exercisa		Expiration Date	Title	or Nu of	ımber					
Employee Stock Option (right to buy)	\$37.3	03/09/2016			M ⁽¹⁾			6,006	01/04/2)13	01/04/2020	Comr		,006	\$0	28,994	1	D	
Employee Stock Option (right to buy)	\$37.3	03/09/2016			M ⁽¹⁾			9,867	01/04/2	013	01/04/2020	Comr		,867	\$0	19,127	,	D	

Explanation of Responses:

- $1.\ Transactions\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ previously\ adopted\ by\ the\ reporting\ person\ on\ November\ 20,\ 2015.$
- 2. Includes shares underlying restricted stock units issued in lieu of dividends (through February 29, 2016) on outstanding restricted stock units.

Remarks:

/s/ Kelsey Chin, Attorney-in-

03/11/2016

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.