

Edgar Filing: Sullivan Daniel - Form 3

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|-------------|------------|-----------|-------------|
| Date | Expiration | Amount or | or Indirect |
| Exercisable | Date | Number of | (I) |
| | | Shares | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Sullivan Daniel C/O EDGEWELL PERSONAL CARE 6 RESEARCH DRIVE SHELTON, CT 06484 | Â | Â | Â Chief Financial Officer | Â |

Signatures

Daniel Sullivan 04/02/2019

 **Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

I, Daniel Sullivan, an Officer of Edgewell Personal Care Company hereby authorize and designate M

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.