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Byom John Form 4 August 05, 20	009										
FORM	4 UNITED	STATES	S SECUR	ITIES A	ND EX(THAT	NGE (COMMISSION	т	PPROVAL	
				hington,					OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	er STATEN 6.	IENT O	F CHAN	GES IN I SECURI		CIA	LOW	NERSHIP OF	Expires: Estimated burden hou response	urs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. ction	a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, if 1935 or Sectio 40		. 0.0	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Byom John			2. Issuer Name and Ticker or Trading Symbol Prestige Brands Holdings, Inc.					5. Relationship of Reporting Person(s) to Issuer			
			[PBH]	Dianas ii	ioranigs,	me.		(Check all applicable)			
(Last) 90 NORTH	(First) (1 BROADWAY	Middle)	3. Date of (Month/Da 08/04/20	-	ansaction			_X_ Director Officer (give below)		% Owner ler (specify	
	(Street)			ndment, Dat th/Day/Year)	-			6. Individual or J Applicable Line) _X_ Form filed by			
IRVINGTO	N, NY 10533							Form filed by I Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	Disposed	l (A) c l of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Stock, par value \$0.01 per share	08/04/2009			А	7,310 (1)	А	\$0	23,559	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	3		Secur	ities	(Instr. 5)	Bene
, ,	Derivative		`` `	Ŷ,	Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired			X	,		Follo
	Security				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
											(IIIsu
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	inte	of		
				Code V	(Λ) (D)				Shares		
				Coue v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Byom John 90 NORTH BROADWAY IRVINGTON, NY 10533	Х					
Signatures						

/s/ John E. Byom* *by Eric S. Klee, Attorney-in-Fact pursuant to Power of Attorney dated August 4, 2009 and filed with the Commission in connection herewith

**Signature of Reporting Person

Explanation of Responses:

* 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).

The Reporting Person received 7,310 restricted stock units (equal to \$50,000 divided by the closing stock price of \$6.84 on August 3, 2009) in connection with the Issuer's director compensation arrangement. The restricted stock units vest on September 4, 2010 and shall

be settled by delivery to the Reporting Person of one share of common stock of the Issuer for each vested restricted stock unit promptly following the Reporting Person's (i) death, (ii) disability or (iii) the later of the Reporting Person's cessation of Board service or September 4, 2015.

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.

08/05/2009

Date