Waring Gary Form 3 October 01, 2018

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number:

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Waring Gary

(Last)

(First) (Middle)

Statement (Month/Day/Year)

10/01/2018

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

EDGEWELL PERSONAL CARE Co [EPC]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O EDGEWELL PERSONAL CARE COMPANY, 6 RESEARCH DRIVE

(Street)

(Check all applicable) 10% Owner _X_ Director

Officer

Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

SHELTON. CTÂ 06484

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

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(Instr. 5) Direct (D)

or Indirect (I) (Instr. 5)

Common Stock 0

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.

SEC 1473 (7-02)

D

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security

4. 5. Ownership Conversion or Exercise

Derivative

6. Nature of Indirect Beneficial Ownership

Form of (Instr. 5) Price of Derivative

(Instr. 4)

(Instr. 4)

Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Waring Gary

C/O EDGEWELL PERSONAL CARE COMPANY 6 RESEARCH DRIVE

X Â Â Â

SHELTON, CTÂ 06484

Signatures

Gary Waring 10/01/2018

**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, Gary Waring, Director of Edgewell Personal Care Company, hereby authorize and designate Marisa.

/s/ Gary Waring September 11, 2018

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.

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