O'Leary Joseph D Form 3 October 01, 2018						
FORM 3 UNITED STA	TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			OMB	/AL 5-0104	
INITIAL S	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES				Expires: Estimated average	ary 31, 2005 e
Filed pursuan Section 17(a) of 3	burden hours per response n	0.5				
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> O'Leary Joseph D (Last) (First) (Middle) C/O EDGEWELL PERSONAL CARE COMPANY, 6 RESEARCH DRIVE	2. Date of Event Requiring Statement (Month/Day/Year) 10/01/2018	EDGEWE 4. Relationsh Person(s) to J	LL PERSON ip of Reporting Issuer all applicable	NAL CARE g 5. If Filed		;inal
(Street) SHELTON, CT 06484		Officer (give title belo	w) (specify bel	ow) Filin _X_1 Perso	dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporti n form filed by More than O) ing
(City) (State) (Zip)	T-11-1	N D	·· 6	Repo	ting Person	iic.
Tuble 1 Tion Derivative Securities Denenciary Owned						
1.Title of Security (Instr. 4)	2. Amount Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	indirect Beneficial	
Common Stock	0		D	Â		

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

SEC 1473 (7-02)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
O'Leary Joseph D C/O EDGEWELL PERSONAL CARE COMPANY 6 RESEARCH DRIVE SHELTON, CT 06484		ÂX	Â	Â	Â	
Signatures						
Joseph O'Leary	10/01/2018					

**Signature of Reporting Person Date

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, Joseph O'Leary, Director of Edgewell Personal Care Company, hereby authorize and designate Mari

/s/ Joseph O'Leary September 12, 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.