FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  Golliher Steven R.						2. Issuer Name and Ticker or Trading Symbol HAIN CELESTIAL GROUP INC [ HAIN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	(Fii E HAIN CE	rst) (I	Middl UP,	•		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023									Officer (give title below) Global Ch Supply			Other (s below) Chain Offic	
221 RIVER STREET, 12TH FLOOR				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOBOKEN NJ 07030				0										X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City) (State) (Zip)					_	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	1 - 1	Non-Deriva	tive \$	Secui	rities	Acc	quire	ed, Di	sposed o	f, or l	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear)   E	2A. Deemed Execution Date, if any (Month/Day/Year		,   T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			nd 5) Secur Benef Owne		icially d Following	Forr (D) ( Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
								c	ode	v	Amount	(A) or (D)	Price			ction(s) 3 and 4)		tr. 4)	(Instr. 4)
Common Stock 09/15/202				3				P		30,000	A	\$10.160	.1601(1)		36,274		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			Amo Secu Unde Deriv	cle and unt of urities erlying rative urity (Instr. d 4)	Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V (A) (D		(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						

1. The transaction was executed in multiple trades at prices ranging from \$10.13 to \$10.18. The price reported reflects the weighted average purchase price. The reporting person undertakes to provide the SEC staff, the Issuer or a security holder of the Issuer, upon request, full information regarding the number of shares purchased at each separate price.

## Remarks:

/s/ Andrew S. Burchill, as Attorney-in-Fact for Steven R. 09/19/2023 Golliher

\*\* 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.