## FORM 4

## **UNITED STA**

Washington, D.C. 20549

OMB APPROVAL 87

1	OMB Number:	3235-0287
	OMB Number: Estimated average burd hours per response:	ien
	hours per response:	0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Goldenitsch Wolfgang					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  Officer (give title Other (specify					
(Last) (First) (Middle) C/O THE HAIN CELESTIAL GROUP, INC. 221 RIVER STREET, 12TH FLOOR  (Street) HOBOKEN NJ 07030  (City) (State) (Zip)						Date of Earliest Transaction (Month/Day/Year)     10/25/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)								Officer (give title below)  President, International  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
			le I - Nor			-				Dis				Ily Owne			1		
					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,		Benefic Owned	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 10/25/						5/2024					9,709	9 A	(2)	62	2,113	D			
Common Stock 10/25/				5/2024		F <sup>(3)</sup>		4,855 D		\$8.3	9 57	57,258		D					
		Т							,			, or Ben ble sec		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi ct (Instr. 4)		
					Code	v	(A)		Date Exercisal		xpiration ate	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. On October 25, 2024, the Reporting Person had 9,709 restricted share units ("RSUs") vest, resulting in the Reporting Person receiving 9,709 shares of common stock of the Issuer prior to withholding for taxes
- 2. The RSUs represented a contingent right to receive shares of the Issuer's common stock upon vesting.
- 3. The Issuer withheld 4,855 shares of common stock to satisfy the tax withholding obligations in connection with the vesting of 9,709 RSUs, pursuant to the terms of the applicable award agreement.
- $4.\ Of\ the\ 29{,}127\ RSUs\ under\ this\ award,\ 9{,}709\ RSUs\ vested\ on\ October\ 25{,}\ 2024\ and\ 9{,}709\ RSUs\ vest\ on\ each\ of\ October\ 25{,}\ 2025\ and\ 2026.$

/s/ Andrew S. Burchill, as Attorney-in-Fact for Wolfgang 10/29/2024

Goldenitsch

\*\* 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.