FORM 4

☐ 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

☐ 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.

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Melaragni A	nne			I	Prim	o Wate	er Corp	/CN	V / [P]	RMW]			,			
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner X Officer (give title below) Other (specify below)					
1150 ASSEMBLY DRIVE, SUITE 800				300	2/13/2024								Chief Human Resources Officer				
	(Stre	et)		4	. If Aı	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	(Y)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
TAMPA, FL 33607 (City) (State) (Zip)												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C.	ity) (Sta	ie) (Zij)														
			Table I	- Non-D	erivat	tive Secu	urities Acc	quir	ed, Dis	posed of	f, or l	Bene	eficially Owne	d			
1. Title of Security (Instr. 3)			. Trans. Dat	Exec	Deemed cution e, if any	3. Trans. Co (Instr. 8)	de	4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)			Fo	Amount of Securit ollowing Reported (nstr. 3 and 4)	ities Beneficially Owned Transaction(s)		Ownership Form:	Beneficial Ownership	
							Code	v	Amoun	(A) or (D)	Pric	e				(I) (Instr. 4)	(Instr. 4)
Common Shares				2/13/2024			A		6,321) A	\$14.5	56			86,179.644	D	
Common Shares				2/13/2024			F		1,875	D	\$14.5	56			84,663.938 (3)	D	
	Tab	le II - Der	ivative S	Securitie	s Ben	eficially	Owned (e.g.,	puts, c	alls, wa	rran	ts, o	ptions, conver	tible secu	ırities)		
			n (Instr.	Acquire Dispose		per of ve Securities d (A) or d of (D) 4 and 5)	and	6. Date Exercisable and Expiration Date			ities U ative . 3 and	Underlying Security d 4)	nderlying ecurity 4) Derivative Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date	e rcisable	Expiration Date	Title	Amo Shar	ount or Number of res		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

- (1) Represents performance-based share units granted to the Reporting Person on December 09, 2020, which vested on February 13, 2024 as a result of the achievement of the performance criteria.
- (2) Represents the number of common shares withheld to satisfy tax obligations due upon the vesting of performance-based share units granted to the Reporting Person on December 09, 2020.
- (3) Includes 359.294 shares acquired by the Reporting Person since the date of the Reporting Person's last report through the Primo Water Corporation Employee Share Purchase Plan and through dividend reinvestment under such plan.

Reporting Owner

Keporting Owners										
Donostino Overson Nomes / Adduses	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Melaragni Anne										
1150 ASSEMBLY DRIVE		Chief Human Resources O								
SUITE 800			Cinei Human Resources Officer							
TAMPA, FL 33607										

Signatures

**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 control number.