FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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 afirmative defense conditions of aflier 10b5-1(c). See

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

Instruct	tion 10.																		
1. Name and Address of Reporting Person* Warner Gerard H III					2. Issuer Name and Ticker or Trading Symbol COOPER COMPANIES, INC. [COO]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
warner	Geraru I	<u>1 1111</u>			1							-		Direc			10% Ov		
			(Middle)		· -									✓ Office below	er (give title		Other (s below)	pecity	
(Last)	`	,		3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024									President, CooperVision, Inc.						
C/O THI	E COOPER	COMPANIES,	INC.		12	2/10/2	2024									- P	,		
6101 BO	LLINGER	CANYON ROA	D, SUITE	500															
					. 4.	If Ame	endment,	Date o	of Original	Filed	(Month/Day	/Year)	6. Lir		Joint/Group	Filing	(Check App	licable	
(Street)															filed by On	o Dono	orting Persor	.	
SAN RA	MON C	Α	94583												,		One Repor	- 1	
,														Pers		ie iliali	One Repor	ung	
(City)	(S	State)	(Zip)																
		Та	ble I - Non	-Deriv	/ativ	/e S	curitie	-s Δ c	auired	Disi	nosed of	or Ben	eficia	ly Owne	d				
			DIC 1 11011			_				D.0	1	-					[- 11.4	
Date				Date	nsaction :h/Day/Year)		2A. Deemed Execution Date if any		3. Transaction Code (Instr.					5. Amo Securi Benefi	ies	Form	m: Direct	7. Nature of Indirect Beneficial	
				(,	(Month/Day/Ye							Owned	Owned Following Reported		str. 4)	Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)			(11130.4)	
Common Stock														10,435(1)(2)			D		
			Table II - I	Deriva	tive	Sec	urities	Aca	uired. D	ispo	osed of.	or Bene	ficially	Owned					
											onvertib								
1. Title of Derivative Security (Instr. 3) 2. Conversion Date Execution Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)			Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivativ Security		re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	ode	v	(A)		Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	1					
Restricted Stock Units	\$0.00	12/10/2024			A		12,616		(3)	12	2/10/2034 ⁽⁴⁾	Common Stock	12,61	\$0.00	12,6	16	D		

Explanation of Responses:

- 1. Adjusted to reflect Issuer's 4-for-1 stock split effected on February 16, 2024.
- 2. The Form 4/A filed by the Reporting Person on February 15, 2024 understated the amount of securities beneficially owned in Box 5 of Table I by 647 shares. The amount of securities beneficially owned has been adjusted in this Form 4 to correct the aforementioned error in prior filings.
- 3. 25%/year over 4 years Jan 8 vest date beginning on 08-Jan-2025
- 4. This award has no expiration date. Units will either vest or be forfeit.

Remarks:

/s/ Warner, Gerard H. III by

Aloma Avery, as Attorney-in- 12/12/2024

Fact

** 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.