FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**SECURITIES** 

or Section 30(h) of the Investment Company Act of 1940

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and A Khadder		porting Person*	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/08/2022  3. Issuer Name and Ticker or Trading Symbol COOPER COMPANIES, INC. [ COO ]						
(Last) (First) (Middle) C/O THE COOPER COMPANIES, INC.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
6101 BOLLINGER CANYON ROAD, SUITE 500					X Officer (give title below)  VP, General Counse	Other (specify below)  1 & Corp Sec		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) SAN RAMON	CA	94583								by More than One Person
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Direct C	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security (Instr. 4)		Conversi or Exerci		se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	/e	Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Nicholas Khadder 08/12/2022

\*\* Signature of Reporting Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).