FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20549	
STATEMENT OF C	HANGES IN BENE	FICIAL OWNERSHIP

OMB APP	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

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

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
defense conditions of Rule 10b5-1(c).
See Instruction 10

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)						
Assis A	<u> lessandr</u>	a Faccin			AS	<u>SHL</u>	AND	INC	<u>C.</u> [ASH]				"	Criec	Directo	,		10% Ov	vner	
					3. D	ate of	f Earliest	Tran	saction (Mon	th/D	av/Year)		-	1	Officer below)	(give title		Other (s below)	pecify	
(Last) 8145 BL	F AZER DR	,	(Middle)			13/20			(SVP	and GM	, Life	Sciences		
4. If Amendment, I							Doto	of Original Fi	lod (Month/D	ou/Voor)		6. Individual or Joint/Group Filing (Check Applicable							
(Street)					4. "	Amei	nament, i	Date	oi Originai Fi	ieu (טוטווטוען	ay/ real)		.ine)						
WILMIN	IGTON D	E	19808											1		,		orting Person		
(City)	(5	state)	(Zip)											Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Year			Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)		red (A) o str. 3, 4 a	4 and Securiti Benefic Owned		ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	,	Amount	unt (A) or (D)		e	Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)		
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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		ı of		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	. Price of Perivative Pecurity Pecurity Pecurity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amour or Number of Shares	er						
Restricted Stock Unit	(1)	11/13/2024			A		3,909		(2)		(2)	Common Stock	3,909	9	\$0	3,909		D		

Explanation of Responses:

- 1. Each Restricted Stock Unit (RSU) represents a right to receive one (1) share of Ashland Common Stock upon vesting.
- 2. Grant of Restricted Stock Units on November 13, 2024, pursuant to Ashland's incentive plan as approved by the shareholders and exempt pursuant to Rule 16b-3. The shares in this grant vest in three equal installments beginning one year from the date of grant, provided that the Reporting Person remains in continuous employment with the Issue

/s/ Serena S. Kenost, Attorney-

11/15/2024 in-Fact for Assis Alessandra

Faccin

** 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.