FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

N	IIES	AIND	EXCHANGE	COMMISSIO
	1.1		0540	

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																		
Name and Address of Reporting Person* Bowen Tony G					2. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [HRB]							5. (C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bowell Tolly C														Direc			10% Ov			
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 08/14/2024							\dashv	Officer (give title below) Chief Financial (Other (s below)	specify		
C/O H&R BLOCK					00/11/2021															
ONE H&R BLOCK WAY																				
					4. If Amendment, Date of Original Filed (Month/Day/Year) 08/16/2024								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) KANSAS CITY MO 64105					Form filed by One Reporting Person Form filed by More than One Report															
(City)	(Sta	ate) (Ž	Zip)			Pe										Ori				
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	sposed of	, or E	Benefic	ially O	wn	ed				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Execution Date,		,				Acquired (A) of (D) (Instr. 3, 4		and 5) Secur Benef Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D) Price		Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 08/14/20					024				A ⁽¹⁾ 92,5		92,520(2)	A	\$0.00	000 218,7		793.2773		D		
		Tal	ble II								osed of, convertib				/nec	d				
1. Title of Derivative Security (Instr. 3)			ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership tt (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Vesting of Common Stock underlying previously awarded performance share units upon determination by the Compensation Committee that performance criteria for the awards had been satisfied, which remain subject to the executive's continued service through August 31, 2024.
- 2. On August 16, 2024, the reporting person filed a Form 4 to report the vesting of common stock underlying previously awarded performance share units ("PSUs"), which inadvertently reported the 2. On radiator 19, 2024, the reporting person incer 19 for the result of the reporting person incremental number of shares of common stock awarded under the PSUs. This amendment is being filed to reflect the total number of shares of common stock awarded under the PSUs.

Katharine M. Haynes, per Power of Attorney

09/04/2024

** 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.