FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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

ROSENTHAL CRAIG L		Date of Event equiring Statem Month/Day/Year 0/16/2019	nent ]	3. Issuer Name and Ticker or Trading Symbol BELLRING BRANDS, INC. [ BRBR ]						
(Last) (First) C/O BELLRING BRANDS, I	Last) (First) (Middle) C/O BELLRING BRANDS, INC.			Relationship of Reporting Perso (Check all applicable)     Director	10% Owne	r (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)			
2503 S. HANLEY ROAD				X Officer (give title below)  SVP AND G	Other (spe below)	App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) ST. LOUIS MO	63144							y More than One		
(City) (State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				. Amount of Securities eneficially Owned (Instr. 4)			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 Securities Underlying Derivative Security (Instr. 4		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

<u>/s/ Craig L. Rosenthal</u> <u>10/16/2019</u>

\*\* Signature of Reporting Person 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).