

Transparency notification Form TR-1 BE PART I

1) Ctatus of the matification		
1) Status of the notification		
	Final	
2) Issuer		
Name Identification number		
3) Reason for the notification	<u>n</u>	
	Acquisition or disposal of voting securities or voting rights	4
4) Notification by		
	A person that notifies alone	+
5) Persons subject to the noti	otification requirement	
	Name Address (for legal entities)	
	Vanguard Health Care Fund c/o The Vanguard Group, Inc. 400 Devon Park Drive, Wayne PA, 19087 USA	+
6) Persons that dispose of vo	roting rights (only to be filled in if art. 7 of the Law applies)	
Г		
	Name Address (for legal entities)	
	Name Address (for legal entities)	+
•	Name Address (for legal entities) Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6	+
7) Date on which the threshol	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6	+
•	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6	+
•	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6 Old is crossed O1/10/2019 (DD/MMYYYY)	+
7) Date on which the threshol	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6 Old is crossed O1/10/2019 (DD/MMYYYY)	+
7) Date on which the threshol 8) Threshold that is crossed	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6 Old is crossed O1/10/2019 (DD/MM/YYYY)	+
7) Date on which the threshol 8) Threshold that is crossed	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6 Did is crossed 01/10/2019 (DD/MM/YYYY) (in %)	+
7) Date on which the threshol 8) Threshold that is crossed	Please continue entering the information in part II concerning the persons referred to in Sections 5 and 6 Did is crossed 01/10/2019 (DD/MM/YYYY) (in %)	+
7) Date on which the threshol 8) Threshold that is crossed 9) Denominator	Please continue entering the information in part if concerning the persons referred to in Sections 5 and 6 Old is crossed O1/10/2019 (DD/MMYYYYY) (in %) If the holding has fallen below the lowest threshold, you have the option of not entering any numbers in Section 10	+

A) Voting rights	Previous notification		After the transaction				
	# of voting rights	# of vot	ing rights	% of voting rights			
Holders of voting rights		Linked to securities	Not linked to the securities	Linked to securities	Not linked to the securities		
Vanguard Health Care Fund	9,741,353	0	0				
TOTAL		0	0	0.00%	0.00%		

For groups, start with the ultimate controlling natural person or legal entity.

The totals, subtotals and % will be updated once you have clicked on <CALCULATE>.

B) Equivalent financial instruments		After t	he transaction			
Holders of equivalent financial instruments	Type of financial instrument	Expiration date	Exercise period or date	# of voting rights that may be acquired if the instrument is exercised	% of voting rights	Settlement
		j di jiri i'i				(
	TOTAL			0	0.00%	
0	The totals will be updated once you have clicked or	<pre>CALCULATE></pre>				
	TOTAL (A & B)			# of voting rights	% of voting rights	
			CALCULATE	0	0.00%	
11) Full chain of controlled ur	ndertakings through which the holding is	s effectively hel	<u>d</u> , if applicable			
	The Vanguard Health Care Fund has thousands of shar	reholders and no indiv	idual shareholder cont	trols the fund.		
12) In case of proxy voting for	r only one GM					
Г					_	(DD/MM/YYYY)
Holder		will cease to hold / will hold again	100		voting rights as of	
(3) Additional information						
xternally managed Vanguard funds have	granted proxy voting responsibilities to their portfolio m	nanagers, effective 01	October 2019.	Daniel State	177	11.000000
Done at M	lalvem, PA, USA					
On	15/10/2019 (DD/MM/YYYY)			1	
Name & capacity	hawn Acker, Manager, The Vanguard Group, Inc.		Signature	Jul	, asn	