SEC Form	4
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* LaRose Brian			2. Issuer Name and Ticker or Trading Symbol <u>Petco Health &amp; Wellness Company, Inc.</u> [ WOOF ]	(Check	ationship of Reporting Po ( all applicable) Director Officer (give title	son(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, INC., 10850 VIA FRONTERA (Street)		. ,	3. Date of Earliest Transaction (Month/Day/Year) 03/20/2023	- X	below) Chief Financia	below)			
		92127	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	6. Individual or Joint/Group Filing (Check Applicat Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
SAN DIEGO (City)	CA (State)	(Zip)	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						
		Table I - Non-Der							

#### 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature Transaction Code (Instr. 8) Form: Direct (D) or Indirect of Indirect Beneficial Date Execution Date, Disposed Of (D) (Instr. 3, 4 and Securities 5) (Month/Day/Year) if any Beneficially (Month/Day/Year) **Owned Following** (I) (Instr. 4) Ownership Reported Transaction(s) (Instr. 4) (A) or (D) v Price Code Amount (Instr. 3 and 4) 03/20/2023 2,029(1) 193,540<sup>(2)</sup> Class A Common Stock F D **\$9.81** D By Class A Common Stock 3,000 I spouse

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.g., pi	113, 00	ans, 1	varie	anto,	options, t		10 30	cunties	<b>'</b>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### Explanation of Responses:

1. The transaction reported reflects the withholding of restricted stock units ("RSUs") in satisfaction of the Reporting Person's tax liability. The RSUs were granted to the Reporting Person on September 20, 2021 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"), and a portion vested on March 20, 2023.

2. Includes 163,472 outstanding RSUs granted under the 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

### /s/ Ilene Eskenazi, as Attorney-in-Fact

03/22/2023

\*\* 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.