SEC Form 4 FORM 4	UNITEI	O STATE	ES S	ECURITIES				GE C	OMMIS	SSION			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STA	Filed pu	ursuan	Washing CHANGES at to Section 16(a) of tion 30(h) of the In	of the Sec	EN uritie	EFICIAI	Act of 19		HIP	OMB Estim	DMB APPRC Number: ated average burg per response:	3235-0287
1. Name and Address of Reporting Person Eskenazi Ilene (Last) (First) C/O PETCO HEALTH AND WE COMPANY,	(Middle)	[]	Petco WOC 3. Date	er Name and Ticko <u>o Health & V</u> oF] e of Earliest Transa /2021	<u>Vellnes</u>	<u>s C</u>	<u>lompany,</u>	<u>Inc.</u> [k all applicab Director Officer (gi below)	ve title	ng Person(s) to 10% C Other below orate Secretar	Owner (specify)
INC., 10850 VIA FRONTERA (Street) SAN DIEGO CA (City) (State)	92127 (Zip)		4. If Ar	nendment, Date of	Original F	Filed	(Month/Day/	Year)	6. Indi Line) X	Form filed	by On	p Filing (Check . e Reporting Per re than One Rej	son
Tab 1. Title of Security (Instr. 3)	ole I - Noi	n-Derivativ 2. Transactic Date (Month/Day/	on	ecurities Acqu 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (In: 8) Code	ion str.	4. Securities Disposed Of	Acquire	d (A) or	5. Amount of Securities Beneficially Owned Foll Reported Transaction (Instr. 3 and	owing (s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

OMB Number:	3235-0287
Estimated average b	urden
hours ner response	0.5

1 Title of Securit	v (Instr 3)		2. Transaction	2A. Deemed	3.	4. Securities Acquired (A	A) or	5. Amount of	6. Ownership	7. Nature
		Table I - Nor	n-Derivative	Securities Acqu	uired, Disp	oosed of, or Benet	icially	Owned		
(City)	(State)	(Zip)								
SAN DIEGO	CA	92127						Form filed by Mo Person	1 0	
(Street)			4. If	Amendment, Date of	Original Filed	l (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Grou		
C/O PETCO H COMPANY, INC., 10850 V	IEALTH AND	WELLNESS		Date of Earliest Transa 27/2021	action (Month/	Day/Year)		CLO & Corp	orate Secreta	ту.
L. Name and Address of Reporting Person [*] Eskenazi Ilene (Last) (First) (Middle)		<u>Pe</u>	ssuer Name and Ticke <u>tco Health & V</u> DOF]	0	,				Owner (specify	

						Code	v	Amount	(A) or (D)	Price		ction(s) 3 and 4)		
Class A C	Common St	ock									31	,778 ⁽¹⁾	D	
Class A C	Common St	ock	09/27/	/2021		W ⁽²⁾	v	400	A	\$0.00		950	(3)	See Footnote
Class A Common Stock		09/27/	/27/2021		W ⁽²⁾	v	400	A	\$0.00		950	(3)	See Footnote	
	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Expirati (Month/	ion Da		7. Title ar Amount of Securities Underlyin Derivative Security (3 and 4)	of D s S ng (I e	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Includes 27,778 outstanding restricted stock units, which each represent the right to receive one share of Class A common stock of the Issuer.

Code v (A) (D)

2. Represents the disposition of shares from the estate of the Reporting Person's father to the children living in the Reporting Person's household, pursuant to the Reporting Person's authority as executor and sole heir of her father's estate. The Reporting Person disclaimed the shares, and they passed to her children in equal parts.

Date Exercisable

Expiration Date

3. These shares are held by the Reporting Person's children living in her household. The Reporting Person disclaims ownership of the shares held by these children, and this report is not an admission that the Reporting Person is the beneficial owner of these shares for purposes of Section 16 or for any other purposes.

Remarks:

<u>/s/ Ilene Eskenazi</u>

Amount or Number

Shares

of

Title

** Signature of Reporting Person Date

09/29/2021

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.