FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Petco Health & Wellness Company, Inc. [WOOF]										k all app Direc Office	ionship of Reportir all applicable) Director Officer (give title below)		erson(s) to Is 10% Ov Other (s below)	wner
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS					3. Date of Earliest Transaction (Month/Day/Year) 03/20/2024									Chief Financial Officer					
COMPANY, INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line)	-/				
(Street) SAN DIEGO CA 92127					Form filed by More than One Reporting Person											orting			
(City)	(Sta	ate) (2	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or Pric	e	Transa	Transaction(s) Instr. 3 and 4)			(111341. 4)	
Class A C	Common Sto	ock		03/20/2	2024				F		2,425(1)	Г	\$1	\$1.93 234,294 ⁽²⁾ D					
Class A C	Class A Common Stock														3	,000			By spouse
	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)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc on Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numbe 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 (as amended, the "2021 Plan"), and a portion vested on March 20, 2024.
- 2. Includes 158,500 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/ Giovanni Insana, as Attorney-in-Fact

03/22/2024

** 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.