FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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	Sect	ion 30(h)	of the	Ínvestr	ment C	Com	pany Act	of 1940								
Name and Address of Reporting Person* College Amy					<u>Pe</u>	2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]									(Che	5. Relationship of Reporting (Check all applicable) Director Officer (give title			10% Ov	vner	
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, INC. 10850 VIA EPONITERA						3. Date of Earliest Transaction (Month/Day/Year) 04/26/2022										Chief Merchandising Officer					
INC.,10850 VIA FRONTERA (Street) SAN DIEGO CA 92127				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)												<u>.</u>						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	1			3. Tra Co ar) 8)	3. 4. Securi Transaction Dispose Code (Instr. 5)		ties Acq d Of (D) (uired	(A) or	5. Amou Securitie Benefici	int of es 6. O Formally (D) (I) (I of tion(s) C) (I of tion(s) C) (I of tion(s) (I of tion(s		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class A Common Stock ⁽¹⁾ 04/26				5/2022			A	Λ		23,74			\$0.00	- '	47,886 ⁽²⁾		D				
	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 Da if any (Month/Day/	ate, T	I. Fransa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Ex Da	opiration ate	Title	O N O	umber						
Employee Stock Option (right to buy)	\$21.06	04/26/2022			A		57,871		(3	3)	04	1/26/2032	Class A Commo Stock		7,871	\$0.00	57,87	1	D		

Explanation of Responses:

- 1. Represents 23,742 restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"). Each RSU represents the right to receive one share of Class A common stock of the Issuer ("Class A Common Stock"). The RSUs will vest in the following installments: (i) 34% on the first anniversary of 04/26/2022 (the "Grant Date"), (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the second anniversary of the
- 2. Includes 17,968 outstanding RSUs granted under the 2021 Plan.
- 3. Represents options to purchase Class A Common Stock granted under the 2021 Plan. The options will vest in the following installments: (i) 34% on the first anniversary of the Grant Date; (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the third anniversary of the Grant Date

Remarks:

/s/ Ilene Eskenazi, as Attorneyin-Fact ** Signature of Reporting Person

04/28/2022

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.