FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* MacDonald Darren				Pete	2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]								Check	all app Direc	onship of Reportinal applicable) Director Officer (give title		10% O		
(Last)	`	irst) (I TH AND WELL	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/26/2023									X	below) Chief Custo			below)	
COMPANY, INC., 10850 VIA FRONTERA				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person					on	
(Street)	(Street) SAN DIEGO CA 92127				Rul	Pulo 10h5 1(a) Transaction Indication									Form filed by More than One Reporting Person				
(City)	(S	tate) (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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				y/Year) Exec		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Se Be Ow		Amount of ecurities eneficially wned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	Price	е	Reported Transaction(s) (Instr. 3 and 4)				(1130.4)
Class A Common Stock 04/26/2					2023				F		3,812(1)	D	\$9.	\$9.42		725,076 ⁽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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)	instr.	nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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 April 26, 2022 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"), and a portion vested on April 26, 2023.
- 2. Includes 478,150 outstanding restricted stock units ("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

04/28/2023

** 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.