SEC Form 4													
FORM 4	ES	SECURITIE Washir	ISSION										
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ST		pursi	DF CHANGE uant to Section 16(a Section 30(h) of the	a) of the	Secu	rities Exchang	e Act of			MB Number: stimated average b ours per response:	3235-0287	
1. Name and Address of Reporting Person <u>COUGHLIN RON</u> (Last) (First)	on* (Middle		<u>Pe</u>	ssuer Name and Tic <u>tco Health &</u> DOF]				<u>, Inc.</u>	[(Che	elationship of Rep ck all applicable) Director Officer (give t below)	10%	ó Owner er (specify	
C/O PETCO HEALTH AND WELLNESS COMPANY,				Date of Earliest Tran 13/2022	isaction	(Mon	th/Day/Year)		CEO & Chairman				
INC., 10850 VIA FRONTERA				Amendment, Date	of Orig	inal Fi	led (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street) SAN DIEGO CA 92127													
(City) (State)	(Zip)												
Tab	le I - N	on-Deriva	tive	Securities Ac	quire	d, Di	sposed of	, or Be	eneficial	ly Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		iction Instr.	4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Class A Common Stock		01/13/202	22		F		28,066 ⁽¹⁾	D	\$18.99	250,158 ⁽²⁾	D		
Class A Common Stock										600	I	See Footnote ⁽³⁾	
Class A Common Stock										600	I	See Footnote ⁽³⁾	

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

	(orgi, pare, sans, manane, spheris, conversion second														
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (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 January 13, 2021 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan, and a portion vested on January 13, 2022.

2. Includes 137,500 outstanding RSUs, which each represent the right to receive one share of Class A common stock of the Issuer.

3. These shares are held in accounts for the Reporting Person's children and the Reporting Person is the custodian of the accounts. The Reporting Person disclaims ownership of the shares held in these

custodial accounts, 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, as</u> <u>Attorney-in-Fact</u>

01/18/2022

** 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.