SEC Form 4	
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 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

1. Name and Address of Reporting Person*   Yen Iris   (Last) (First)   (Middle)   C/O PETCO HEALTH AND WELLNESS   COMPANY,   INC., 10850 VIA FRONTERA   (Street)		erson*	2. Issuer Name and Ticker or Trading Symbol <u>Petco Health &amp; Wellness Company, Inc.</u> [ WOOF]		ationship of Reporting Pe ( all applicable) Director Officer (give title	10% Owner			
		( )	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024		Officer (give title below)	Other (specify below)			
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Fili Form filed by One Rep Form filed by More tha Person	porting Person			
SAN DIEGO	СА	92127	Rule 10b5-1(c) Transaction Indication						
(City)	(State)	(Zip)	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date (Month/Day/Year)		3. Transaction Code (Instr. 8)					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) or (D) Price		Transaction(s) (Instr. 3 and 4)		(1150.4)	
Class A Common Stock	01/03/2024		<b>G</b> <sup>(1)</sup>		1,983	D	\$ <mark>0</mark>	32,535 <sup>(2)</sup>	D		
Class A Common Stock	01/03/2024		G <sup>(1)</sup>		1,983	A	\$0	1,983	Ι	By Yen- Geniblazo Family Trust	

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

	(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. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	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)	Ownership Form:	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. Represents a transfer to a revocable trust. The reporting person is a trustee of the revocable trust and the reporting person and members of her immediate family are the sole beneficiaries of the trust. 2. Includes 32,535 outstanding restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer. The RSUs will vest on the earlier to occur of (i) the Issuer's next annual shareholder meeting or (ii) 7/6/2024.

> <u>/s/ Giovanni Insana, as</u> <u>Attorney-in-Fact</u>

01/05/2024

\*\* 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.