FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* MacDonald Darren						2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]									ck all app Direc	licable)	ing Person(s) to Is 10% Over the Other (see		wner	
(Last)	(First) (Middle) ETCO HEALTH AND WELLNESS					3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024										below) Chief Custo		below) Officer		
COMPANY, INC., 10850 VIA FRONTERA						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						
(Street) SAN DII	(Street) SAN DIEGO CA 92127				Pul	Dula 10h5 1(a) Transportion Indication									Form filed by More than One Reporting Person					
(City)	(St	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 to 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	3ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	ution [eemed ution Date, th/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ties cially Following	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	Transa	ansaction(s) astr. 3 and 4)								
Class A Common Stock 03/27/2						2024					42,521(1)) 1	\$0		714,055 ⁽²⁾			D		
Class A Common Stock 03/27/2					2024				F		16,733(3)) 1	D	\$1.88	697	97,322(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 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)			ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A) (D)					Date	Title Share		es							

Explanation of Responses:

- 1. Represents shares of Class A common stock underlying performance stock units ("PSUs") granted on October 18, 2022 under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan") that vested on March 27, 2024.
- 2. Includes 343,479 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.
- 3. The transaction reported reflects the withholding of PSUs in satisfaction of the Reporting Person's tax liability as a result of the settlement of the PSUs that vested on March 27, 2024.

/s/ Giovanni Insana, as Attorney-in-Fact

03/29/2024

** 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.