FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	hurden									

0.5

hours per response:

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

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

							. ,				<u> </u>								
Name and Address of Reporting Person*     Nauman Katherine					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [ WOOF]								(Chec	k all app Direc	olicable)		erson(s) to I 10% O Other (s	)wner	
(Last) C/O PET	(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS					3. Date of Earliest Transaction (Month/Day/Year) 07/13/2023								X	belov	Chief Market		below)	specify
COMPANY, INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street) SAN DIEGO CA 92127					Form filed by One Reporting Person  Form filed by More than One Reporting Person														
(City) (State) (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.														
		Table	I - No	n-Derivat	ive S	ecui	ities	Acq	uired,	Dis	posed of	f, or I	Bene	ficially	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execuity/Year) if any		Deemed cution Date, y nth/Day/Year)		Transaction Disposed (Code (Instr. 5)			ies Acquired (A Of (D) (Instr. 3				cially I	Forn (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or P	rice	Report Transa (Instr.	rted action(s) . 3 and 4)			
Class A Common Stock 07/13/2				)23			F		955(1)	I	) \$	89.49	212,106 <sup>(2)</sup>			D			
Class A Common Stock															2,750			I	By Nauman Family Trust
		Tab		Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution D Security or Exercise (Month/Day/Year) if any			tion Date,	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		Der Sec (Ins	Price of rivative curity str. 5)	derivative Securities	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A) (D)		Date Expiration		Expiration Date	Title	or Numb of Share	- 1					

## **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 (the "2021 Plan"), and a portion vested on July 13, 2023.
- 2. Includes 193,810 outstanding 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 07/17/2023

\*\* 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.