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
Washington, D.C. 20549

OMB APPROVAL

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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

1. Name and Address of Reporting Person [*] SIMMONS SABRINA			2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (cing title				
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, INC., 10850 VIA FRONTERA (Street)			3. Date of Earliest Transaction (Month/Day/Year) 07/29/2024	 Officer (give title Other (specify below) below) 				
			4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person 				
SAN DIEGO	CA	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 intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.					
		Table I - Non-De	rivative Securities Acquired, Disposed of, or Bene	Ficially Owned				

1. Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, Transaction Date 3. Transaction Disposed Of (D) (Instr. 3, 4 and Securities Form: Direct of Indirect Of Control of Contr											
	(Month/Day/Year)	if any (Month/Day/Year)	Code (8)	Instr.	5)			Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		、 ,	
Class A Common Stock ⁽¹⁾	07/29/2024		Α		49,254	Α	\$ <mark>0</mark>	97,673	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	Conversion or Exercise Price of Derivative	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)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
(instr. 3)	Derivative		(wonun, Day) fear)	0)		Acquired (A) or		Derivative Security (Instr.		Owned Following		or Indirect				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Represents 49,254 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) July 29, 2025.

<u>/s/ Giovanni Insana, as</u>	
Attorney-in-Fact	<u> </u>
** Signature of Reporting Person	Г

07/31/2024

Date Signature of Reporting Person

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.