FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

Name and Address of Reporting Person*     College Amy						2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [ WOOF]								k all app Direc	blicable) tor er (give title	ng Person(s) to 10% O Other ( below)		wner (specify	
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS					3. Date of Earliest Transaction (Month/Day/Year) 07/13/2023								Chief Merchandising Officer						
COMPANY, INC., 10850 VIA FRONTERA				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	X Form filed by One Reporting Person								
(Street) SAN DI	(Street) SAN DIEGO CA 92127				Rule 10b5-1(c) Transaction Indication									Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	(Zip)				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.											ended to	
		Table	l - No	n-Deriva	tive S	ecui	ities	Acq	uired,	Dis	posed of	, or I	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Executy/Year) if any		Deemed cution Date, y nth/Day/Year)				ies Acquired (A Of (D) (Instr. 3,		, 4 and Secu		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Pi	ice		rted saction(s) . 3 and 4)			
Class A Common Stock 07/13/2						2023		F			2,228(1)	1) D		9.49	275,003 <sup>(2)</sup>			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			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		Dei See (Ins	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	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	of						

## 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 250,805 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.