FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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-	hours ner resnonse.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person* Nauman Katherine					<u>Pe</u>	2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify))					
	(CO HEAI	3.1	3. Date of Earliest Transaction (Month/Day/Year) 04/26/2022									below)	Officer (give title below) Chief Marketing			specify				
COMPANY, INC., 10850 VIA FRONTERA						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DIEGO CA 92127													1 1	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)																	
			Table I - No	n-Deri	vativ	e Se	curities	s Ac	quired	, Dis	sposed o	f, or B	enef	icially	/ Owned					
				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		r, Transaction Code (Instr. 5		n Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)				
Class A Common Stock ⁽¹⁾						5/2022			A		16,62	.0	1	\$0.00	40,6	40,674(2)		D		
Class A Common Stock															2,	2,750		I	By Nauman Family Trust	
			Table II -								osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	Date,	4. Transa Code (8)				6. Date Expirati (Month/	on Dat		of Securities		curity	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares						
Employee Stock Option (right to	\$21.06	04/26/2022			A		40,510		(3)		04/26/2032	Class A Commo Stock	n 40	,510	\$0.00	40,510	0	D		

Explanation of Responses:

- 1. Represents 16,620 restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"). Each RSU represents the right to receive one share of Class A common stock of the Issuer ("Class A Common Stock"). The RSUs will vest in the following installments: (i) 34% on the first anniversary of 04/26/2022 (the "Grant Date"); (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the second anniversary of the
- 2. Includes 21,147 outstanding RSUs granted under the 2021 Plan.
- 3. Represents options to purchase Class A Common Stock granted under the 2021 Plan. The options will vest in the following installments: (i) 34% on the first anniversary of the Grant Date; (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the second anniversary of the Grant Date; (iv) 16.5% on the date that is 30 months following the Grant Date; and (v) 16.5% on the third anniversary of the Grant Date

Remarks:

/s/ Ilene Eskenazi, as Attorneyin-Fact ** Signature of Reporting Person

04/28/2022

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.