FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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(b) of the Investment Company Act of 1940

			or bestion bo(ii) of the investment bompany net of 1940							
1. Name and Addre Tichy Justin	ss of Reporting Pers	son*	2. Issuer Name and Ticker or Trading Symbol <u>Petco Health & Wellness Company, Inc.</u> [WOOF]		ationship of Reporting Per k all applicable) Director Officer (give title	10% Owner Other (specify				
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS		()	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023		below) See Remarks	below)				
COMPANY, INC., 10850 VIA FRONTERA (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi ⁱ Line) X	vidual or Joint/Group Filin Form filed by One Repo Form filed by More thar Person	orting Person				
SAN DIEGO CA 92127			Rule 10b5-1(c) Transaction Indication							
(City)	(State)	(Zip)		neck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to tisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2. Transaction Execution Date if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned 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	Reported Transaction(s) (Instr. 3 and 4)		
Class A Common Stock	06/05/2023		F		2,258 ⁽¹⁾	D	\$7.97	513,479 ⁽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 (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,			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 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares				

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 December 5, 2022 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"), and a portion vested on June 5, 2023.

2. Includes 466,897 outstanding RSUs granted under the 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

Remarks:

Chief Pet Care Center Officer and Chief Operating Officer

<u>/s/ Ilene Eskenazi, as</u>	
Attorney-in-Fact	
the Circulations of Development	

06/07/2023

** 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.

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