FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

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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* Eskenazi Ilene (Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS						Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF] 3. Date of Earliest Transaction (Month/Day/Year) 07/13/2022								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) See Remarks					
	10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DII	EGO C.	A 9	2127											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (2	Zip)																
		Table	1 - No	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	iall	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			- 1	Execution Date,			3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 s)					s ally ollowing	Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v				Amount	(A) or (D)	Price		Transact (Instr. 3 a	ion(s)			(111341. 4)				
Class A Common Stock 07/13/20)22	22			F		1,585(1)	D	\$15.	06 77,85		52(2)		D	
Class A Common Stock													950		50	I		See Footnote ⁽³⁾	
Class A Common Stock														95	50			See Footnote ⁽³⁾	
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)	Date Execution Date,			saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	

- 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, 2022.
- 2. Includes 65,083 outstanding RSUs granted under the 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.
- 3. These shares are held by the Reporting Person's children living in her household. The Reporting Person disclaims ownership of the shares held by these children, and this report is not an admission that the Reporting Person is the beneficial owner of these shares for purposes of Section 16 or for any other purposes.

Chief Legal and Human Resources Officer & Secretary

/s/ Ilene Eskenazi 07/15/2022

** 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.