FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. 20549 |
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| | |

| Check this box if no longer subject |
|-------------------------------------|
| Section 16. Form 4 or Form 5 |
| bligations may continue. See |
| estruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
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| hours per response: | | | | | | | |

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* LaRose Brian | | | | | | 2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF] | | | | | | | | | ill app Direc Office | licable) tor er (give title | | | wner |
|--|--|--|--------|---------------------------------|------------------------------|---|---|--|--|-----|--------------------|---------------|--|---|---|--|---|---|--|
| (Last) | (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024 | | | | | | | | below | , | | below) ial Officer | |
| COMPANY, INC., 10850 VIA FRONTERA | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) SAN DIEGO CA 92127 | | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| | SAN DIEGO CA 92127 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | | 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. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | or Be | nefici | ally (| Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | Execution | | | Date, | ate, Transacti Code (Ins | | | | | , 4 and Secur Benef | | ies cially 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 | _ т | ransa | ction(s) 3 and 4) | | | (111541. 4) |
| Class A Common Stock 01/16/2 | | | | | | 2024 | | | | | 1,841(1) | D | \$2. | 86 | 237,880 ⁽²⁾ | | D | | |
| Class A Common Stock | | | | | | | | | | | | | | | | 3,000 | | | By spouse |
| | 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) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | vative urities uired or osed) r. 3, 4 | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | Amount | | Deriv Secu | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | 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 | N O | 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 January 13, 2021 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan"), and a portion vested on January 13, 2024.
- 2. Includes 167,250 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/ Giovanni Insana, as Attorney-in-Fact

01/18/2024

** 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.