FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	DC	20549	

STATEMENT	OF CHANGE	S IN BENEF	ICIAL OWNER	SHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
houre per reenonee.	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* College Amy				<u>P</u>	2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]						(Chec	ck all applica	able)	g Pers	on(s) to Issu 10% Ov Other (s	/ner		
COMPA	CO HEAL NY,	irst) ΓΗ AND WELL	(Middle) NESS		3. Date of Earliest Transaction (Month/Day/Year) 12/05/2022					X	below)	•	ndisii	below) ng Officer	·			
INC.,10850 VIA FRONTERA				4.							Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SAN DII	EGO C	A	92127										X		,	•	rting Persor One Repor	- 1
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
i Title of Security (motil of		Da	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				red (A) o str. 3, 4	4 and 5) Securiti Benefic Owned		s lly ollowing	Form (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount (A) or (D)		or Pr	rice	Reported Transacti (Instr. 3 a					
Class A Common Stock ⁽¹⁾				12/05/20	5/2022			A		121,433 A		. \$	\$0.00	00 182,145(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	cise (Month/Day/Year) f ive	3A. Deemed Execution Date,) if any (Month/Day/Year)	Code (I		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	s (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numl of Sh	ber		Transaction(s (Instr. 4)		3)	
Employee Stock Option (right to buy)	\$10.98	12/05/2022		A		488,401		(3)	13	2/05/2032	Class A Common Stock	488,	,401	\$0.00	488,40)1	D	

Explanation of Responses:

- 1. Represents 121,433 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) 10% on the date that is 6 months following 12/05/2022 (the "Grant Date"); (ii) 20% on the first anniversary of the Grant Date; (iii) 30% on the date that is 18 months following the Grant Date; (iv) 40% on the second anniversary of the Grant Date.
- 2. Includes 50,955 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) 10% on the date that is 6 months following Grant Date; (ii) 20% on the first anniversary of the Grant Date; (iii) 30% on the date that is 18 months following the Grant Date; and (iv) 40% on the second anniversary of the Grant Date.

Remarks:

/s/ Ilene Eskenazi, as Attorneyin-Fact

12/07/2022

** 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.