FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIA	L 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 ar	Peto	2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]									tionship all app Direc	licable)	ng Person(s) to Issuer 10% Owner									
(Last)		(Firs	t) (N	Middle)		"	woor j								X	Office	er (give title	Other (spec below)		specify		
C/O PETCO HEALTH AND WELLNESS COMPANY,							3. Date of Earliest Transaction (Month/Day/Year) 01/10/2022										CEO & Chairman					
INC., 10850 VIA FRONTERA							If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)]								Line) X Form filed by One Reporting Person							
SAN DIEGO CA 92127																Form filed by More than One Reporting Person						
(City)		(Stat	e) (Z	Zip)												1 0130	,,,					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date					Date	Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					Acquired (A) or f (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)					
Class A C	Common	Sto	ck		01/10/20)22				P		23,290	Α	\$17.	7.21 ⁽¹⁾ 278,224 ⁽²⁾ D				D			
Class A C	Common	Sto	ck													600 1 1 3 1 3				See Footnote		
Class A C	Class A Common Stock													600		600		(4)	See Footnote			
			Tal	ble II -								osed of, convertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. A. Deemed Execution Date if any (Month/Day/Year)		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Expira (Monti	ation D. h/Day/`	Year) Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of		nt of ities lying ative ity (Instr. 4) Amount or Number	t r		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. 15,680 shares were purchased at \$17.212, and 7,610 shares were purchased at \$17.213.
- $2. \ Includes \ 208,334 \ outstanding \ restricted \ stock \ units, \ which \ each \ represent \ the \ right \ to \ receive \ one \ share \ of \ Class \ A \ common \ stock \ of \ the \ Issuer.$
- 3. These shares are held in an account for the Reporting Person's child and the Reporting Person is the custodian of the account. The Reporting Person disclaims ownership of the shares held in this custodial account, 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.
- 4. These shares are held in an account for the Reporting Person's child and the Reporting Person is the custodian of the account. The Reporting Person disclaims ownership of the shares held in this custodial account, 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.

Remarks:

/s/ Ilene Eskenazi, as Attorney-in-Fact

** Signature of Reporting Person

01/10/2022

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.