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(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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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

Name and Address of Reporting Person*     Insana Giovanni					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [ WOOF]									5. Rela (Chec	k all app Direc	licable)	•	rson(s) to Is  10% Ov  Other (s	
(Last) C/O PET	`	rst) (M TH AND WELL	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024									Λ	belov	<i>(</i> )	below) Remarks		
COMPANY, INC., 10850 VIA FRONTERA				4. If Amendment, Date of Original Filed (Month/Day/Year)								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					
(City)			Zip)		Rule 10b5-1(c) Transaction Indication  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.									nded to					
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	enefic	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date		cution Date,				es Acquired (A Of (D) (Instr. 3,		, 4 and Secur Benef Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class A Common Stock 01/16/2					2024			F		661(1)	П	\$2	\$2.86 7		71,221(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)	if any	emed on Date, Day/Year)	4. Transaction Code (Instr. 8)				Expirati (Month/	on Da	ear)	7. Title Amou Secur Under Derive Secur 3 and	nt of ities lying ative ity (Instr 4)  Amoun or Numbe	De Sei (In:	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Conned Following Reported Transaction (Instr. 4)	y Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
								Date Exercis	able	Expiration of Date Title Share		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 55,194 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 Legal Officer and Secretary

/s/ Giovanni Insana

01/18/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.