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 |
|-----------------------------------|-------------|
| | |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Nauman Katherine | | | | | | 2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF] | | | | | | | | | k all app Direc | tor er (give title | ng Pei | 10% Ov Other (below) | wner | |
|--|---|--|------------------|---|-----------------|---|---|---|-----------------|-------------------------------|---|---|---------------------------------------|---|--|---|--------|--|---------------------------------------|--|
| | Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2021 | | | | | | | | Chief Marketing Officer | | | | | |
| 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) | | | | | | |
| (Street) SAN DIEGO CA 92127 | | | | | | | | | | | | | X | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| | TAN DIEGO CA 32127 | | | | | | | | | | | | | | Perso | | re ma | и Опе кер | orung | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | | | Disposed O | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Pric | Transa | | action(s) 3 and 4) | | | (111511.4) | |
| Class A Common Stock 19 | | | 10/29/2 | /29/2021 | | | | A ⁽¹⁾ | | 590 | A | \$2 | 1.021 | 25,704 ⁽²⁾ | | | D | | | |
| Class A Common Stock | | | | | | | | | | | | | | | | 2,750 | | I | By Nauman Family Trust | |
| | | 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) | Execut if any | 3A. Deemed Execution Date, f any Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc tion Da h/Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |

Explanation of Responses:

- 1. These shares of Class A common stock of the Issuer were acquired under the Petco Health and Wellness Company, Inc. 2021 Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).
- 2. Includes 25,114 outstanding restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

Remarks:

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

11/04/2021

** 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.