FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL 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

1. Name and Address of Reporting Person* MOHAN RAJENDRA M						2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]								Check	all app	tor	ng Per	10% Ov	wner	
	C/O PETCO HEALTH AND WELLNESS				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024								V	below	er (give title w) See Rema		Other (s below)	specify		
INC., 10850 VIA FRONTERA						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street) SAN DII	treet) AN DIEGO CA 92127				Form filed by More than One Reporting Person											orting				
(City)	(City) (State) (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.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date						Exec if any	eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5)		es Acquired (A) Of (D) (Instr. 3, 4		and Securi Benefi		ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	Pric	е	Transa	ansaction(s) estr. 3 and 4)			(111511.4)	
Class A Common Stock 06/13/2						024			F		48,026(1)	48,026 ⁽¹⁾ D		.58	1,16	1,168,135(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)	rivative Conversion Date curity or Exercise (Month/Day/Year)		Executi if any	3A. Deemed Execution Date, if 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)		6. Date Exercisable Expiration Date (Month/Day/Year)		7. Title Amoun Securi Under Deriva Securi 3 and	nt of ties ying tive ty (Instr.	Der Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	Date Expiration Exercisable Date		Title	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 March 15, 2024 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan"), and a portion vested on June 13, 2024.
- 2. Includes 966,706 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:

Interim Chief Executive Officer

/s/ Giovanni Insana, as 06/17/2024 Attorney-in-Fact

** 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.