FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per respons	e 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

Name and Address of Reporting Person*  LaRose Brian					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [ WOOF]									ck all app Direc	licable)	ng Pei	rson(s) to Is  10% Ov	wner	
(Last) C/O PET	(Fii	rst) (M TH AND WELL	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/26/2024										below	,	below) ncial Officer		
COMPANY, INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Application)     X Form filed by One Reporting Person					.	
(Street) SAN DII	Street) SAN DIEGO CA 92127				Rul	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication											orting		
(City)	(City) (State) (Zip)						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/Day				Execution Date,					es Acquired (A) or Of (D) (Instr. 3, 4 ar			5. Amo Securit Benefic Owned Report	ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or F	rice	Transa	saction(s) r. 3 and 4)			(	
Class A Common Stock 04/26/2						2024			F		1,678(1)	D		\$1.51	732	2,711(2)		D	
Class A Common Stock														3,000				By spouse	
	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)		of		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (II	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	V (A) (D)		Date Exercisable		Expiration Date	Title	Amo or Num of Share	ber					

## **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 April 26, 2022 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan"), and a portion vested on April 26, 2024
- 2. Includes 631,283 outstanding RSUs granted under 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

/s/ Giovanni Insana, as Attorney-in-Fact

04/30/2024

\*\* Signature of Reporting Person

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.