SEC Form 4													
FORM 4	UNITI	ED STATI	ES	SECURITIE	ES A			IGE (COMM	ISSION			
			Washin	ngion, L	J.C. 20	0049			OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 323											
1. Name and Address of Reporting Person* COUGHLIN RON				suer Name and Ti			0 7		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				t <u>co Health &</u>	Well	ness	Company	1 I `	X Director 10% Owner				
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, INC., 10850 VIA FRONTERA				OOF]					2	Officer (give below)	title Oth belo	er (specify ow)	
				ate of Earliest Trar 13/2022	CEO	EO & Chairman							
				4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable									
(Chroch)			7. 11	Amenument, Date	or ong			y/ rear)	Line)			
(Street) SAN DIEGO CA 92127									X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)												
Tab	le I - N	on-Derivat	ive	Securities Ac	quire	d, Di	sposed of	, or Be	eneficial	ly Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Class A Common Stock		07/13/202	2		F		17,044 ⁽¹⁾	D	\$15.06	574,974 ⁽²⁾	D		
										1	1	See	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Class A Common Stock

Class A Common Stock

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 (the "2021 Plan"), and a portion vested on July 13, 2022.

2. Includes 304,930 outstanding RSUs granted under the 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

3. These shares are held in accounts for the Reporting Person's children and the Reporting Person is the custodian of the accounts. The Reporting Person disclaims ownership of the shares held in these

custodial accounts, 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

07/15/2022

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Footnote⁽³⁾

Footnote⁽³⁾

See

** 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.