FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL									
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l	OMB Number:	3235-0287								
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l	hours per response	: 0.5								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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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	tionship of Reporti all applicable) Director Officer (give title		erson(s) to I 10% Ov Other (s	wner	
(Last) C/O PET	Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS						3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023									X Officer (give title below)  Chief Marketing Officer				
COMPANY, INC., 10850 VIA FRONTERA						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) SAN DII	(Street) SAN DIEGO CA 92127					Form filed by More than One Reporting Person													orting	
(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 - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Bene	ficiall	y Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execu	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securiti Disposed 5)		ies Acquired (A) Of (D) (Instr. 3,		4 and Securi Benef Owned Follow		cially I	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A)	or	rice		ted action(s) 3 and 4)									
Class A Common Stock 06/05/2						023			F		4,516(1)		) [	57.97	213,061 <sup>(2)</sup>			D		
Class A Common Stock															2,750			I	By Nauman Family Trust	
		Tab	ole II -	Derivativ (e.g., pu	ve Sed ts, cal	curit Ils, v	ies <i>F</i> varra	Acqu ants,	ired, D option	ispo is, c	osed of, onvertib	or Bole se	enefic ecurit	cially ies)	Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execu			ction Instr.			6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and					у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
						v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						

## **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 December 5, 2022 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"), and a portion vested on June 5, 2023.
- 2. Includes 195,735 outstanding RSUs granted under the 2021 Plan. Each RSU represents the right to receive one share of Class A common stock of the Issuer.

/s/ Ilene Eskenazi, as Attorney-in-Fact 06/07/2023

\*\* 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).
- $^{\star\star} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ \text{and}\ 15\ \text{U.S.C.}\ 78 \text{ff(a)}.$

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.