FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* COUGHLIN RON					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]								heck all app	olicable) ctor	orting Person(s) to Issuer 10% Owner		Owner	
	CO HEAL	,	(Middle) H AND WELLNESS				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2023							X Officer (give title Other (specify below) CEO & Chairman				
COMPANY, INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person					
(Street) SAN DII	(Street) SAN DIEGO CA 92127					Form filed by More than One Reporting Person												eporting
(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 - N	on-Deriva	tive S	Secu	rities	Ac	quire	d, Dis	sposed of	, or B	Benefici	ally Own	ed			
Date			2. Transacti Date (Month/Day	Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 an		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	Transac (Instr. 3	tion(s)			(Instr. 4)
Class A Common Stock 04/26/2				04/26/20	023				F		34,019(1)	D	\$9.42	1,053,393(2)		D		
Class A Common Stock													6	00			See Footnote ⁽³⁾	
Class A Common Stock													600			1 1	See Footnote ⁽³⁾	
		Tal	ble II								oosed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expir	te Exer ation D th/Day/		7. Title Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

- 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 (the "2021 Plan"), and a portion vested on April 26, 2023.
- 2. Includes 671,037 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

/s/ Ilene Eskenazi, as

04/28/2023

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.