FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL					
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Biagosch Maximilian	2. Date of Event Requiring Stateme (Month/Day/Year) 01/13/2021		3. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]					
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY,		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		5. l File	5. If Amendment, Date of Original Filed (Month/Day/Year)			
INC., 10850 VIA FRONTERA	., 10850 VIA FRONTERA		Other (specify below)	y (Ch	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting			
(Street) SAN DIEGO CA 92127)	Person	by More than One		
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		2. Amount of Securities	2 0	4. Na	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. The of Security (instr. 4)		Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirec (I) (Instr. 5)	Own	ership (Instr.			
		Beneficially Owned (Instr.	Form: Direct (D) or Indirec (I) (Instr. 5)	Own	ership (Instr.			
		Beneficially Owned (Instr. 4) ive Securities Benefici rrants, options, conver	Form: Direct (D) or Indirect (I) (Instr. 5) ally Owned tible securities Securities 4. Control (Control (Contro	Own es)	5. Ownership Form: Direct (D)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Maximilian Biagosch 01/13/2021

** 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 5 (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.