FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

STATEMENT	OF CHANGES	S IN BENEFICIA	AL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* MacDonald Darren					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]								5. Relationsl (Check all a Dire		licable)	Ü	rson(s) to Is 10% Ov Other (s	vner	
(Last) C/O PET	,	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/10/2023							X	belov			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
COMPANY, INC., 10850 VIA FRONTERA				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person							.							
(Street) SAN DIEGO CA 92127					Form filed by More than One Reporting Person														
(City)	(St	ate) (Ž	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, inst satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									uction or writt	ten pla	ın that is inter	nded to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu ay/Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					3, 4 and Secur Benef Owne		cially Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Pri	се		ed ction(s) 3 and 4)			(Instr. 4)
Class A Common Stock ⁽¹⁾ 04/10/2				/2023			A		111,755	A	,	\$ <mark>0</mark>	728,888(2)			D			
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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code		(A)	(D)	Date Exercisable		Expiration Date								

Explanation of Responses:

- 1. Represents 111,755 restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (the "2021 Plan"). Each RSU represents the right to receive one share of Class A common stock of the Issuer. The RSUs will vest in the following installments: (i) 34% on the first anniversary of 04/10/2023 (the "Grant Date"); (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the second anniversary of the Grant Date; (iv) 16.5% on the date that is 30 months following the Grant Date; and (v) 16.5% on the third anniversary of the
- 2. Includes 376,081 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

04/12/2023

** 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).
- ** 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.