FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

			,	
Washington	DC 2	0549		

OMB APPROVAL									
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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

1(c). S	ee Instructio	n 10.																		
Name and Address of Reporting Person*  LaRose Brian				2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner								
(Loot)		'Eirot'	\		WOOF ]								[	Office below	er (give title v)		Other ( below)	specify		
(Last) (First) (Middle)  C/O PETCO HEALTH AND WELLNESS  COMPANY,				3. Date of Earliest Transaction (Month/Day/Year) 09/20/2024									(	Chief Fina	ncial	Officer				
INC., 10850 VIA FRONTERA				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)															Ι.	- /	filed by On	e Rep	oorting Pers	on
SAN DII	EGO (	CA	9:	2127											'	Form		re tha	an One Rep	orting
(City)	(	State	e) (Z	Zip)																
			Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,				s Acquired (A) of f (D) (Instr. 3, 4			Benefi	ties cially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price	Transa	ed ction(s) 3 and 4)			(Instr. 4)		
Class A Common Stock 09/20/2					2024	D24 F 2,112 <sup>(1)</sup> D \$-		\$4.9	3 719,839 <sup>(2)</sup>			D								
Class A Common Stock															3,000			I	By spouse	
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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Fransaction of Code (Instr. Derivation		vative irities uired or osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 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 Exercis	able	Expiration Date	Title	or Nun of Sha	ber					

## **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 September 20, 2021 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan"), and a portion vested on September 20, 2024.
- 2. Includes 595,211 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/ Giovanni Insana, as Attorney-in-Fact

09/24/2024

\*\* Signature of Reporting Person

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.