FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  Yen Iris  (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol     Petco Health & Wellness Company, Inc. [     WOOF ]      Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Check all applicable)  Director  Officer (give title below)			10%	Owner (specify	
C/O PETCO HEALTH AND WELLNESS						07/29/2024													
COMPANY,						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
INC., 10850 VIA FRONTERA														Form filed by One Reporting Person					
(Street)															Form filed by More than One Reporting Person				
l ` ′	SAN DIEGO CA 92127				Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Exec if any	Deemed ution Date, / ith/Day/Year)				Disposed O	ies Acquired (A) o Of (D) (Instr. 3, 4 a		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	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock <sup>(1)</sup> 07/29/20					024				A		49,254	A	\$0	81	81,789		D		
Class A Common Stock														1,	1,983		I	By Yen- Geniblazo Family Trust	
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)  8. Price of Derivative Securiti Benefic Owned Followin Reporte Transac (Instr. 4)		ve Owners es Form: ially Direct ( or Indin ng (I) (Insti d tion(s)		Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. Represents 49,254 restricted stock units ("RSUs") granted under the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan, as amended. Each RSU represents the right to receive one share of Class A common stock of the Issuer. The RSUs will vest on the earlier to occur of (i) the Issuer's next annual shareholder meeting or (ii) July 29, 2025.

/s/ Giovanni Insana, as Attorney-in-Fact

07/31/2024

\*\* 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.