FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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]									(Chec	k all app Direc	tionship of Report all applicable) Director Officer (give title		10% Ov	
(Last) C/O PET	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/05/2023									X	belov	below)		below) omer Officer	
COMPANY, INC., 10850 VIA FRONTERA				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine) ${f X}$ Form filed by One Reporting Person					.		
(Street)	Street) SAN DIEGO CA 92127														Form filed by More than One Reporting Person				
(City)						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 - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	enefic	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Executy/Year) if any		Deemed ecution Date, ny onth/Day/Year)					es Acquired (A Of (D) (Instr. 3,		4 and Secu Bene Own		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pric	ce	Report Transa (Instr. 3	action(s) 3 and 4)			(Instr. 4)
Class A Common Stock 12/05/2					2023				F		3,584 ⁽¹⁾	D	\$3	3.62	676,139(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, (Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei See (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	r					

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 December 5, 2022 pursuant to the Petco Health and Wellness Company, Inc. 2021 Equity Incentive Plan (as amended, the "2021 Plan"), and a portion vested on December 5, 2023.
- 2. Includes 353,792 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 12/07/2023 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.