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*  STADLER CHRISTOPHER J	2. Date of Event Requiring Statement (Month/Day/Year) 01/13/2021  3. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [ WOOF ]							OF ]
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY, INC., 10850 VIA FRONTERA			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner Officer (give Other (specify)			If Amendment, Date of Original Filed (Month/Day/Year)      If Amendment, Date of Original Filed (Month/Day/Year)      If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAN DIEGO CA 92127	-		title below)	below)		(Ch	Person	by One Reporting by More than One
(City) (State) (Zip)						1		
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1. Title of Security (Instr. 4)	Table II - De	erivative s, warran	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute Securities	ership Direct ndirect r. 5)	Own ) sion cise		

**Explanation of Responses:** 

Remarks:

No securities are beneficially owned.

/s/ Christopher J. Stadler 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.