FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	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

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1. Name and Address of Reporting Person* MacDonald Darren					2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					WOOF]							X	Off:	Director Officer (give title below)		10% Ow Other (s below)	· I	
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY,					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2022								Chief Customer Officer					
INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													X	Form fil	ed by One	Repo	rtina Person	.
SAN DII	EGO C	A	92127								Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)															
		Та	ble I - Non-	-Derivati	ve S	ecuritie	s Acc	quired,	Disp	osed o	of, or E	ene	ficially	Owned				
Da			Date	Month/Day/Year) if any		Execution Date,		, Transaction Disposed Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4			Beneficia Owned F	s Fally (I ollowing (I	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A) o) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock ⁽¹⁾ 12/0				12/05/20	022			A 45,538 A		\$0.00	520,689(2)			D				
			Table II - D	erivativ										wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisabl		expiration Date		or No	mount umber Shares		(Instr. 4)	iioii(s)		
Employee Stock Option (right to	\$10.98	12/05/2022		A		183,151		(3)	13	2/05/2032	Class A Commo Stock	n 1	83,151	\$0.00	183,15	51	D	

Explanation of Responses:

- 1. Represents 45,538 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 ("Class A Common Stock"). The RSUs will vest in the following installments: (i) 10% on the date that is 6 months following 12/05/2022 (the "Grant Date"); (ii) 20% on the first anniversary of the Grant Date; (iii) 30% on the date that is 18 months following the Grant Date; and (iv) 40% on the second anniversary of the Grant Date.
- 2. Includes 340,856 outstanding RSUs granted under the 2021 Plan.
- 3. Represents options to purchase Class A Common Stock granted under the 2021 Plan. The options will vest in the following installments: (i) 10% on the date that is 6 months following Grant Date; (ii) 20% on the first anniversary of the Grant Date; (iii) 30% on the date that is 18 months following the Grant Date; and (iv) 40% on the second anniversary of the Grant Date.

Remarks:

/s/ Ilene Eskenazi, as Attorneyin-Fact

12/07/2022

** 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.