FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	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 Se	ection 3	30(h) o	of the	Ínvestment	t Com	pany Act	of 1940							
1. Name and Address of Reporting Person* Zavada John				2. Issuer Name and Ticker or Trading Symbol Petco Health & Wellness Company, Inc. [WOOF]								▼ Officer (give title C				10% Ow Other (s below)	ner		
(Last) (First) (Middle) C/O PETCO HEALTH AND WELLNESS COMPANY,					3. Date of Earliest Transaction (Month/Day/Year) 04/26/2022								Chief Admin. Officer						
INC., 10850 VIA FRONTERA					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street) SAN DII	EGO C.	A	92127			Lin							X	'					
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transac Date (Month/Da	Execution Date,		Code (I	Transaction Disposed Of (D) (Instr. 3, 4)				s Form ally (D) o following (I) (Ir		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)		ice	Transact (Instr. 3 a	ion(s)			Instr. 4)
Class A Common Stock ⁽¹⁾ 04/26					5/2022		A		23,742 A \$		00.00	0 61,530 ⁽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)	3A. Deemed Execution Day if any (Month/Day/	ate, Tra	Transaction Code (Instr				6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ies g Secu	[3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode V	(А	A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber					
Employee Stock Option (right to buy)	\$21.06	04/26/2022		1	Α .	57	7,871		(3)	0.	4/26/2032	Class A Common Stock	57,8	371	\$0.00	57,871		D	

- 1. Represents 23,742 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) 34% on the first anniversary of 04/26/2022 (the "Grant Date"); (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the second anniversary of the Grant Date; (iv) 16.5% on the third anniversary of the
- 2. Includes 27,500 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) 34% on the first anniversary of the Grant Date; (ii) 16.5% on the date that is 18 months following the Grant Date; (iii) 16.5% on the third anniversary of the Grant Date

Remarks:

/s/ Ilene Eskenazi, as Attorneyin-Fact

04/28/2022

** 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.