FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAI	LOWNERSHIP

UIVIB APP	RUVAL
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																		
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Wag! Group Co. [PET] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
<u>Smallw</u>	<u>ood Garı</u>	<u>rett</u>			wa	<u>g! G</u>	<u>toup</u>	<u>C0.</u>	[PE I	J				V		,		10% Ov	vner
-														1		er (give title		Other (s	specify
` ′	(Last) (First) (Middle) C/O WAG! GROUP CO.			3. Date of Earliest Transaction (Month/Day/Year)									below) below) Chief Executive Officer						
					11/1	9/202	4									anor Exec	ati ve	Officer	
2261 MA	ARKEI SI.	, SUITE 86056																	
(Street)					4. If A	Amend	ment,	Date o	f Origina	l Filed	d (Month/Da	y/Year)	6. Ind Line)	ividual o	Joint/Grou	p Filin	g (Check A	pplicable
SAN	casa CA	۸ ۵	4114											V.	Form	filed by On	e Rep	orting Perso	on
FRANC	ISCO CA	,	7117													Form filed by More than One Reporting			
	/0/														Perso	on			
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (AD isposed Of (D) (Instr. 3)				4 and Securiti Benefic Owned		ties Fo cially (D) Following (I)		Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount (A		or Pr	ice		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 11/19/			11/19/2	2024	024 S ⁽¹⁾ 34,746 D \$0.17		1,036,573			D									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any		emed 4. Transaction Code (Instr. 8)					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: y Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. The sales reported on this Form 4 represent shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units ("RSUs"). These sales are mandated by the Issuer's election under incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and do not represent discretionary trades by the Reporting Person.

Remarks:

/s/ Garrett Smallwood

11/19/2024

** 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.