SEC Form 4	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).	STA
instruction r(b).	

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Newland John (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol PetIQ, Inc. [PETQ]							ationship of Reporting Person(s) to Is k all applicable)		Issuer			
						<u>,</u> [121 (Director	10% 0	Dwner			
					3. Date 01/21	e of Earliest Transa /2021	ction (N	1onth/	Day/Year)	- x	Officer (give title Other (specify below) below) Chief Financial Officer						
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
EAGLE ID 83616-6885											,						
(City)	(S	tate)	(Zip)									Form filed by Mo Person	re than One Re	porting			
		Tabl	e I - Nor	-Derivat	ive So	ecurities Acqu	uired,	Disp	posed of,	or Ber	neficially	y Owned					
1. Title of Security (Instr. 3) Date (Month/E				2 Transact	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities	s Acquire	d (A) an			7. Nature of Indirect Beneficial Ownership			
1. Title of	Security (Ins	str. 3)				Execution Date, if any	Transa Code (Disposed O 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
1. Title of	Security (Ins	str. 3)		Date		Execution Date, if any	Transa Code (Disposed O			Securities Beneficially	Form: Direct (D) or Indirect	of Indirect Beneficial			
	Security (ins			Date	/Year)	Execution Date, if any	Transa Code (8)	Instr.	Disposed O 5)	f (D) (Inst	r. 3, 4 and	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership			
		tock		Date (Month/Day 01/21/2 Derivativ	(Year) 021 ve Sec	Execution Date, if any	Transa Code (8) Code S ⁽¹⁾ red, D	v V Dispo	Disposed O 5) Amount 9,000 osed of, o	f (D) (Inst (A) or (D) D r Bene	r. 3, 4 and Price \$36 ficially	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 777,329	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) ve	3A. Deemed Execution Date, if any (Month/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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. The sale reported in this Form 4 was effectuated pursuant to a pre-established Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

/s/ R. Michael Herrman, as

attorney-in-fact ** Signature of Reporting Person Date

01/25/2021

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.