## Edgar Filing: PETMED EXPRESS INC - Form 4

PETMED EXP	RESS INC								
Form 4									
August 08, 2014	4								
FORM 4	4							OMB AF	PROVAL
	UNITED S	TATES SECU Wa	RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check this be if no longer subject to Section 16. Form 4 or		ENT OF CHA	NGES IN SECUR		ICIA	LOW	NERSHIP OF	Expires: Estimated a burden hour response	
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17(a	uant to Section ) of the Public U 30(h) of the I	Jtility Hole	ding Con	npany	Act of	1935 or Section		0.0
(Print or Type Resp	ponses)								
1. Name and Addr FORMICA FR	ress of Reporting P ANK J	Symbol	er Name <b>and</b> ED EXPR			-	5. Relationship of Issuer		
(Last)	(First) (M		of Earliest Ti		1	10]	(Check	c all applicable	)
1441 SW 29TH		, 01 D ute	Day/Year)	ransaction			X Director Officer (give t below)		Owner er (specify
	(Street)		endment, Da onth/Day/Year	-	l		<ul><li>6. Individual or Joi</li><li>Applicable Line)</li><li>_X_ Form filed by O</li></ul>		-
POMPANO BI	EACH, FL 330	69					Form filed by M Person	ore than One Re	porting
(City)	(State) (2	Zip) Tal	ole I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned
	. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common 0' Stock 0'	7/25/2014		А	7,500 (1)	A	\$ 14.04	53,500	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year) /e s l		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
FORMICA FRANK J 1441 SW 29TH AVENUE POMPANO BEACH, FL 33069	Х			
Signatures				
/s/ Frank J. Formica 08/08	/2014			
<u>**</u> Signature of E Reporting Person	Date			

## **Explanation of Responses:**

- \* 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).

Issued pursuant to the terms and conditions of the PetMed Express, Inc. 2006 Outside Director Equity Compensation Restricted Stock
(1) Plan, and held in escrow to be released ratable over a three year period condition upon continued employment. Mr. Formica retains voting rights over all the shares while in escrow.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.