Edgar Filing: FULGONI GIAN - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Number: Expires: Estimated ave burden hours response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b). Filed pursuant to Section 16(a) of the Investment Company Act of 1940 Section 17(a) of the Public Utility Holding Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person [*]					
if no longer subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires: Estimated ave burden hours response Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Filed pursuant to Section 17(a) of the Public Utility Holding Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person	3235-028				
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person EUL CONL CLAN 5. Relationship of Reporting Person	Estimated average burden hours per response 0.5				
FULGONI GIAN Symbol	5. Relationship of Reporting Person(s) to Issuer				
PETMED EXPRESS INC [PETS] (Check all applicable)	(Check all applicable)				
	Officer (give title Other (specify				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person	_X_ Form filed by One Reporting Person				
POMPANO BEACH, FL 33069 — Form filed by More than One Repo	orting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially	Owned				
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) C Following (Instr. 4) (I Reported					
Code V Amount (D) Price (Instr. 3 and 4)					
Common Stock 02/22/2008 X 6,667 A ^{\$} / _{8.9} 47,667 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)

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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)	4. Transacti Code (Instr. 8)	5. Number ionof 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase PetMed Express, Inc. Common Stock	\$ 8.9	02/22/2008		М		6,667	06/11/2005	06/11/2008	Common Stock	6,667

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
FULGONI GIAN 1441 S.W. 29TH AVENUE POMPANO BEACH, FL 33	X 069								
Signatures									
/s/Gian Fulgoni	02/22/2008								
<u>**</u> Signature of	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).

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.

Reporting Person