#### **MEDIFAST INC**

Form 3

November 19, 2014

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

 **AMELI MEHRNAZ MONA** 

(Last) (First) (Middle)

C/O MEDIFAST, INC.., 3600

**CRONDALL LANE** 

(Street)

(City)

(Instr. 4)

1. Title of Security

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

(Month/Day/Year)

Statement

11/17/2014

4. Relationship of Reporting

MEDIFAST INC [MED]

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

President

Director \_X\_\_ Officer (give title below) (specify below)

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

OWINGS MILLS, MDÂ 21117

(State)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

Ownership Form: Direct (D)

or Indirect (I) (Instr. 5)

SEC 1473 (7-02)

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise Price of

Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Date **Expiration Title** Exercisable Date

Amount or Number of Shares

Derivative Security

Direct (D) or Indirect (I)

1

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
AMELI MEHRNAZ MONA				
C/O MEDIFAST, INC., 3600 CRONDALL LANE	Â	Â	President	Â
OWINGS MILLS Â MDÂ 21117				

# **Signatures**

/s/ Jason L. Groves, Esq.,
attorney-in-fact

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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#### **Remarks:**

### Exhibit List: Exhibit 24- Limited Power of Attorney

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.

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