#### PETMED EXPRESS INC

Form 4

August 08, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction

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

1(b).

Common

Stock

07/25/2014

(Print or Type Responses)

1. Name and Address of Reporting Person * FULGONI GIAN			2. Issuer Name and Ticker or Trading Symbol PETMED EXPRESS INC [PETS]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
			(Month/D	ay/Year)		_X_ Director		Owner	
1441 SW 29TH AVENUE			07/25/2014			Officer (give below)	er (specify		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year		Applicable Line) _X_ Form filed by 0	One Reporting Pe	rson	
POMPANO	BEACH, FL 33	069				Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Securities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	n Date, if	Transactio	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
		(Month/l	Day/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
					(A)	Reported			
					(11)	Transaction(s)			

Code V Amount

7,500

(1)

(D)

Price

14.04

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

88,400

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: PETMED EXPRESS INC - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	nd 8.	. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	Date	Amount of	of D	erivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlyii	ng S	ecurity	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	ve		Securities	s (I	(nstr. 5)	Bene
	Derivative		•		Securitie	es		(Instr. 3 a	and 4)		Own
	Security				Acquire	d					Follo
	•				(A) or						Repo
					Dispose	d					Trans
					of (D)						(Instr
					(Instr. 3,	•					·
					4, and 5	)					
				C 1 1	(A) (D)	, D.	F	m: 1 A	,		
				Code V	(A) (D	·	Expiration				
						Exercisable	Date	or			
									ımber		
								of			
								Sh	ares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
r	Director	10% Owner	Officer	Other		
FULGONI GIAN						
1441 SW 29TH AVENUE	X					
POMPANO BEACH, FL 33069						

# **Signatures**

/s/ Gian M.
Fulgoni

\*\*Signature of Reporting Person

O8/08/2014

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. Fulgoni 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.

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