## Edgar Filing: PETMED EXPRESS INC - Form 4

| PETMED EX                                    | <b>KPRESS INC</b> |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
|--|-------------------|------------------------|------------------------------------|--|--------------------------|------------|--------|------------|---|--------------------------------------|---------------------------|--|--|
| Form 4                                       |                   |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
| October 11, 2                                | 2016              |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
| FORM   | 4                 |                        |                                    |  |                          |            |        |            |   |                                      | PPROVAL                   |  |  |
|  | UNITZ             | D STATES               |                                    | ITIES A<br>hington                         |                          |            |        | IGE (      | COMMISSION                                | OMB<br>Number:                       | 3235-0287                 |  |  |
| Check thi                                    |                   |                        |                                    |  |                          |            |        |            |   | Expires:                             | January 31,               |  |  |
| if no longer<br>subject to STATEMENT OF CHAN |                   |                        | GES IN BENEFICIAL OW<br>SECURITIES |  |                          |            |        | NERSHIP OF | Estimated a                               | 2005<br>average                      |                           |  |  |
| Section 16.                                  |                   |                        |                                    |  |                          |            |        |            | burden hours per                          |                                      |                           |  |  |
| Form 4 or                                    |                   |                        | ~ • •                              |  |                          | ~          | -      |            |   | response                             | 0.5                       |  |  |
| Form 5<br>obligation                         | · ·               |                        |                                    |  |                          |            |        | •          | e Act of 1934,                            |                                      |                           |  |  |
| may conti                                    |                   |                        |                                    | •  |                          | <b>U</b>   |        |            | f 1935 or Section                         | n                                    |                           |  |  |
| See Instru                                   | ction             | 50(II)                 | of the Inv                         | vestment                                   | ιC                       | ompany     | Act    | 01 194     | ŧŪ  |                                      |                           |  |  |
| 1(b).  |                   |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
| (Print or Type R                             | esponses)         |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
|  |                   |                        |                                    |  |                          |            |        |            |   |                                      |                           |  |  |
|  | ddress of Reporti | ng Person <sup>*</sup> | 2. Issuer                          | Name and Ticker or Trading                 |                          |            |        | g          | 5. Relationship of Reporting Person(s) to |                                      |                           |  |  |
| AKDAG MENDERES Symbol PETM                   |                   |                        |                                    | mbol<br>ETMED EXPRESS INC [PETS]           |                          |            |        |            | Issuer                                    |                                      |                           |  |  |
|  |                   |                        |                                    |  |                          |            |        |            | (Check all applicable)                    |                                      |                           |  |  |
| (Last)                                       | (First)           | (Middle)               | 3. Date of                         | Earliest T                                 | rans                     | saction    |        |            | (   |                                      | ,                         |  |  |
|  |                   |                        |                                    | onth/Day/Year)                             |                          |            |        |            | _X_ Director                              | 10% Owner                            |                           |  |  |
| 1441 SW 29TH AVENUE 10/10                    |                   |                        |                                    | 0/10/2016                                  |                          |            |        |            | XOfficer (give<br>below)                  | below)                               | tle Other (specify below) |  |  |
|  |                   |                        |                                    |  |                          |            |        |            | CE  | O & President                        |                           |  |  |
| (Street) 4.                                  |                   |                        | 4. If Amer                         | 4. If Amendment, Date Original             |                          |            |        |            | 6. Individual or Joint/Group Filing(Check |                                      |                           |  |  |
| Filed(Mon                                    |                   |                        |                                    | (Month/Day/Year)                           |                          |            |        |            | Applicable Line)                          |                                      |                           |  |  |
|  |                   |                        |                                    |  |                          |            |        |            | _X_ Form filed by 0                       | One Reporting Pe<br>Iore than One Re |                           |  |  |
| POMPANO                                      | BEACH, FL         | 33069                  |                                    |  |                          |            |        |            | Person                                    |                                      | porting                   |  |  |
| (City)                                       | (State)           | (Zip)                  | Table                              | e I - Non-l                                | Der                      | ivative S  | ecurit | ies Acq    | uired, Disposed of                        | f, or Beneficial                     | ly Owned                  |  |  |
| 1.Title of                                   | 2. Transaction I  |                        |                                    | 3.   |                          |            |        | -          | 5. Amount of                              | 6. Ownership                         | 7. Nature of              |  |  |
| Security                                     | (Month/Day/Ye     |                        |                                    |  |                          | (A) or Dis | sposed | of         | Securities                                | Form: Direct                         |                           |  |  |
| (Instr. 3)                                   |                   | any<br>(Month)         | (Day/Year)                         | Code (D)<br>(Instr. 8) (Instr. 3, 4 and 5) |                          |            |        | 6          | •   | (D) or<br>Indirect (I)<br>(Instr. 4) | Beneficial<br>Ownership   |  |  |
|  | (Mon              |                        | Duj, i cui)                        | (111511:0)                                 | nou. 0) (mou. 5, 4 and 5 |            | ·)     | Following  | (Instr. 4)                                |                                      |                           |  |  |
|  |                   |                        |                                    |  |                          |            | (A)    |            | Reported                                  |                                      |                           |  |  |
|  |                   |                        |                                    |  |                          |            | or     |            | Transaction(s) (Instr. 3 and 4)           |                                      |                           |  |  |
| G  |                   |                        |                                    | Code V                                     |                          | Amount     | (D)    | Price      | (instr. 5 and +)                          |                                      |                           |  |  |
| Common<br>Stock                              | 10/10/2016        |                        |                                    | S  |                          | 10,000     | D      | \$ 21      | 600,000                                   | 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 of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | 5.<br>iofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title<br>Amou<br>Under<br>Securi<br>(Instr. | nt of<br>lying                         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--------------------------------------|--|--|--------------------|--|--|---|--|
|   |   |   |   | Code V                               | 7 (A) (D)  | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Addr                                   | *ess       | Relationships |                 |       |  |  |  |  |  |
|---|------------|---------------|-----------------|-------|--|--|--|--|--|
| The pointing of the Product of Product                        | Director   | 10% Owner     | Officer         | Other |  |  |  |  |  |
| AKDAG MENDERES<br>1441 SW 29TH AVENUE<br>POMPANO BEACH, FL 33 | X<br>069   |               | CEO & President |       |  |  |  |  |  |
| Signatures  |            |               |                 |       |  |  |  |  |  |
| /s/ Menderes<br>Akdag   | 10/11/2016 |               |                 |       |  |  |  |  |  |

<u>\*\*</u>Signature of 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).
- (1) The reported transactions are pursuant to a pre-arranged structured sales plan that is in accordance with both the Securities and Exchange Commission's Rule 10b5-1 and the PetMed Express, Inc. insider trading policy.

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.