FULGONI GIAN Form 4 May 20, 2009

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **FULGONI GIAN** Issuer Symbol PETMED EXPRESS INC [PETS] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner Other (specify Officer (give title 1441 SW 29TH AVENUE 05/19/2009 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

POMPANO BEACH, FL 33069

| (City) | (State) (2 | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed | of, or Beneficial | lly Owned |
|------------|---------------------|--------------------|------------|---------------------|--------|----------------|------------------|-------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties | | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | onAcquired (A) or | | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code | Disposed of (D) | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | | Owned | Indirect (I) | Ownership | |
| | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | (4) | | Reported | | |
| | | | | (A) or | | Transaction(s) | | | |
| | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | |
| Common | 05/19/2009 | | X | 6,667 | ٨ | \$ | 60,334 | D | |
| Stock | 03/19/2009 | | Λ | 0,007 | А | 8.9 | 00,334 | D | |
| Common | 05/19/2009 | | X | 6,667 | A | \$ | 67,001 | D | |
| Stock | | | | ĺ | | 6.6 | • | | |

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.

SEC 1474

(9-02)

Person

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 tion of 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 | 05/19/2009 | | M | · Ý | 6,667 | 06/11/2006 | 06/11/2009 | Common Stock | 6,667 |
| Option to Purchase PetMed Express, Inc. Common Stock | \$ 6.6 | 05/19/2009 | | M | | 6,667 | 05/20/2006 | 05/20/2009 | Common Stock | 6,667 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|--------------|--|--|--|--|
| 1 0 | Director | 10% Owner | Officer Othe | | | | |
| FULGONI GIAN 1441 SW 29TH AVENUE POMPANO BEACH, FL 33069 | X | | | | | | |

Signatures

/s/Gian M.
Fulgoni

**Signature of Date

**Signature of Description Person

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.

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