Edgar Filing: PETMED EXPRESS INC - Form 4

PETMED EX	KPRESS INC										
Form 4	000										
August 03, 20									OMB AF	PROVAL	
FORM	UNITED	STATES S		LITIES A			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10	er STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: January 31, 2005 Estimated average burden hours per			
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pur s Section 17(a) of the P	ublic Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Sectior 0	response	0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trac SCHWEITZER ROBERT C Symbol PETMED EXPRESS INC [P					-	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (I			Earliest Tr		L	~]	(Check	c all applicable)	
1441 SW 29	TH AVENUE	((Month/D 07/31/20	ay/Year)				X Director Officer (give t below)		Owner er (specify	
				ndment, Da th/Day/Year)	-	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
POMPANO	BEACH, FL 33	069						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		on Date, if Transaction(A) Code (Ins			A) or Disposed of (D) (A) or Disposed of (D) (A) (A) or		Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	07/31/2009			Code V A	Amount 6,000 (1)		Price \$ 18.56	(Instr. 3 and 4) 43,334	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 o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year) e		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	√ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
SCHWEITZER ROBERT C 1441 SW 29TH AVENUE POMPANO BEACH, FL 3306	X 9			
Signatures				
/s/ Robert C. Schweitzer	08/03/2009			
<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).

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. Schweitzer 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.