## Edgar Filing: MEDIFAST INC - Form 4

MEDIEA OF INC

| Form 4  |  |       |          |   |     |   |  |             |  |  |          |  |
|---|--|-------|----------|---|-----|---|--|-------------|--|--|----------|--|
| February 23, 2016<br>FORM 4<br>Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>TOTED STATES SECURITIES AND EXCHANGE CO<br>Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWN<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange<br>Section 17(a) of the Public Utility Holding Company Act of<br>30(h) of the Investment Company Act of 1940 |  |       |          |   |     | NERSHIP OF<br>e Act of 1934,<br>i 1935 or Sectior | OMB APPROVAL<br>OMB 3235-028<br>Number: January 31<br>Expires: 2009<br>Estimated average<br>burden hours per<br>response 0.9 |             |  |  |          |  |
| (Print or Type F  | Responses)                             |       |          |   |     |   |  |             |  |  |          |  |
| MACDONALD MICHAEL C Symbol  |  |       |          | r Name <b>and</b> Ticker or Trading<br>FAST INC [MED] |     |   |  | ıg          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |          |  |
|   |  |       |          | of Earliest Transaction<br>/Day/Year)<br>/2016        |     |   |  |             | X Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Chief Executive Officer   |  |          |  |
|   |  |       |          | ndment, Date Original<br>hth/Day/Year)                |     |   |  |             | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |          |  |
| OWINGS M  | IILLS, MD 2111                         | 17    |          |   |     |   |  |             | Person   | lore than One Re   | porung   |  |
| (City)  | (State)                                | (Zip) | Tabl     | e I - No  | n-D | erivative   | Secur  | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Dat<br>(Month/Day/Year) |       | Date, if | Code<br>(Instr.                                       | 8)  | 4. Securit<br>n(A) or Di<br>(Instr. 3,<br>Amount  | spose  | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |          |  |
| Common<br>Stock   | 02/19/2016                             |       |          | F   |     | 8,000   | D  | \$<br>29.52 | 339,488  | 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)

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| 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) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Under<br>Secur | le and<br>int of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|------------------------|---|---|--|
|   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>   | Relationships |           |                         |       |  |  |  |  |
|---|---------------|-----------|-------------------------|-------|--|--|--|--|
|   | Director      | 10% Owner | Officer                 | Other |  |  |  |  |
| MACDONALD MICHAEL C<br>C/O MEDIFAST, INC.<br>3600 CRONDALL LANE<br>OWINGS MILLS, MD 21117 | Х             |           | Chief Executive Officer |       |  |  |  |  |
| Signatures  |               |           |                         |       |  |  |  |  |
| /s/ Timothy G. Robinson, attorney-in-fact   |               | 02/23/    |                         |       |  |  |  |  |
| *Signature of Reporting Person  |               | Dat       | e                       |       |  |  |  |  |

## **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.