Edgar Filing: MEDIFAST INC - Form 4

MEDIFAST	' INC											
Form 4												
January 04, 2	2017											
FORM	14		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						OMB AF	PROVAL		
	UNITE	D STATE		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject to	~ ```` ``	EMENT O	OF CHAN	F CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average		
Section	Section 16. SECURITIES							burden hours per				
Form 4 c Form 5			~		~ .				response	0.5		
obligatio	· · · · · ·						•	e Act of 1934,				
may con				•	•	- ·		f 1935 or Section	1			
See Instr	ruction	30(h) of the In	vestment	Compar	iy Ac	t of 194	10				
1(b).												
(Print or Type]	Responses)											
(
1. Name and A	Address of Reportin	ng Person <u>*</u>	2. Issue	r Name and	l Ticker or	Tradiı	ng	5. Relationship of	of Reporting Person(s) to			
ROBINSON TIMOTHY G			Symbol MEDIFAST INC [MED]				-0	Issuer				
(Last)	(First)	(Middle)		f Earliest Tr				(Chec	k all applicable)		
(2400)	(1100)	(Infidure)	(Month/E		ansaction			Director	10%	Owner		
C/O MEDIFAST, INC., 3600				12/31/2016				X Officer (give	title Other (specify			
CRONDAL	LL LANE							below) Chief I	below) Financial Office	۰r		
	(Churant)		4 70 4	1								
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
	Filed(Moi	Filed(Month/Day/Year)										
OWINGS N	MILLS, MD 21	117						Form filed by M	lore than One Re			
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership			
Security	(Month/Day/Yea	on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct				
(Instr. 3)		any (Month)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(iviointii/	Duy I cui)	(1130.0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(msu. 5 anu 4)				
Common Stock	12/31/2016			F	2,250	D	\$ 41.63	17,491	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 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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	5	Relationships							
	Director	10% Owner	Officer	Other					
ROBINSON TIMOTHY G C/O MEDIFAST, INC. 3600 CRONDALL LANE OWINGS MILLS, MD 21117	7		Chief Financial Officer						
Signatures									
/s/ Timothy G. Robinson	01/04/201	7							
**Signature of Reporting	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).

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.

Person