PETMED EXPRESS INC

Form 4 July 30, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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).

(Last)

(City)

Common

Stock

1. Name and Address of Reporting Person * SCHWEITZER ROBERT C

(First)

(Street)

(State)

07/27/2012

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

PETMED EXPRESS INC [PETS]

3. Date of Earliest Transaction (Month/Day/Year)

07/27/2012

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

(Check all applicable)

X Director 10% Owner Officer (give title Other (specify

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

POMPANO BEACH, FL 33069

1441 SW 29TH AVENUE

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

7,500 A

65,834

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of | 8. Price of | 9. Nu |
|--------------------------------------|--|--------------------------------------|------------------|---------------------------------|----------------------------------|---|--------------------|--|--------------------------------------|--|
| Derivative Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Tear) | (Month/Day/Year) | Transacti Code (Instr. 8) | Securities Acquired (A) or | of (Month/Day/Y) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | Deriv Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | , , | | Expiration Date | Title Amount or Number of | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SCHWEITZER ROBERT C 1441 SW 29TH AVENUE X POMPANO BEACH, FL 33069

Signatures

/s/ Robert C. 07/30/2012 Schweitzer

**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).

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.

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