## Edgar Filing: PETMED EXPRESS INC - Form 4

PETMED EX	PRESS INC											
Form 4												
July 30, 2012												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	- UNITED S	SIAIESS		hington, ]			NGE	COMMISSION	OMB Number:	3235-0287		
Check this	s box		vv asi	inington, i	D.C. 203	949				January 31,		
if no longe	er STATEM	ENT OF	CHAN	GES IN F	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005		
subject to Section 16				SECURI					Estimated a burden hou			
Form 4 or									response	•		
Form 5	~ ^							ge Act of 1934,				
obligation may contin				•	•			f 1935 or Sectio	n			
See Instruc		30(h) of	f the Inv	vestment (	Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
			Name and '	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to					
SCHWEITZ	ER ROBERT C		Symbol					Issuer				
PETM				D EXPRE	ESS INC	[PE]	[S]	(Check all applicable)				
(Last)	(First) (M	· ·		Earliest Tra	insaction							
			Month/Da	-				X_ Director 10% Owner Officer (give title Other (specify				
1441 SW 29	INAVENUE	t	)7/27/20	12				below)	below)	or (speeny		
	(Street)	4	If Amen	dment, Dat	e Original			6. Individual or Jo	oint/Group Filin	1g(Check		
		F	Filed(Mont	h/Day/Year)				Applicable Line)				
POMPANO BEACH, FL 33069								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
FUMPANO	DEACH, FL 550	109						Person				
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	*	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	on Date, if TransactionAcquired (A) or Code Disposed of (D)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1130.3)	(Month/Da	ay/Year)	(Instr. 8) (Instr. 3, 4 and 5)				(D) of Indirect (I) (Instr. 4)	Ownership				
								Following	(Instr. 4)			
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					7,500		\$					
Stock	07/27/2012			А	(1)	А	<b>9</b> .7	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 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 Derivati Security (Instr. 3	v Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	of	er ative ities red sed 3,	Expiration Date (Month/Day/Year) e		Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (	· /	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 33069	X			
Signatures				
/s/ Robert C. Schweitzer	7/30/2012			
<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.