## Edgar Filing: MEDIFAST INC - Form 4

MEDIFAST I	NC										
Form 4	2016										
November 14,											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION					OMMISSION	-	PPROVAL			
UNITED STATES SECU				shington,			NGE C		OMB Number:	3235-0287	
Check this	box		••••	, inigron,	<b>D</b> .C. 20.				Expires:	January 31,	
if no longe	r STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005	
subject to Strate weight of Chart				SECURITIES					Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5 obligations	_ ^						•	e Act of 1934,			
may contir				•	•	· ·		1935 or Section	1		
<i>See</i> Instruct 1(b).		30(h)	of the In	vestment	Compan	y Act	: of 194	.0			
(Print or Type Re	esponses)										
BROWN JEFFREY J Symbol				uer Name <b>and</b> Ticker or Trading l IFAST INC [MED]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
MEDIF.											
(Last) (First) (Middle) 3. Date of				of Earliest Transaction			X_ Director 10% Owner Officer (give title Other (specify				
			nth/Day/Year) 09/2016								
C/O MEDIFAST, INC., 3600 11/09/2 CRONDALL LANE							below)	below)			
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check				
							Applicable Line)				
OUDICGI		117						_X_ Form filed by O Form filed by M			
OWINGS MI	ILLS, MD 21	11/						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	y Owned	
				3. 4. Securities Acquired				5. Amount of Securities	6. Ovymanskin	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Yea	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	- · · · · · · · · · · · · · · · · · · ·	Beneficial		
		(Month/Day/Yea							(D) or Owners	Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(111501. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/09/2016			P	10,000 (1)	A	\$ 38.71	13,254	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(insu

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
BROWN JEFFREY J C/O MEDIFAST, INC. 3600 CRONDALL LANE OWINGS MILLS, MD 21117	Х						
Signatures							
/s/ Jason L. Groves, Esq., attorney-in-fact	11/14/2016						
**Signature of Reporting Person		Da	ite				

## **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).

The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from
 \$38.29 to \$38.90. The reporting person agrees to provide upon request by the SEC Staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares purchased at each separate price within the range.

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.