### Edgar Filing: MACDONALD SHIRLEY - Form 4

MACDONA	LD SHIRLEY	•										
Form 4												
July 02, 2009	9											
FORM	14								OMB AF	PPROVAL		
	UNITE	D STATES		ATTIES A A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
subject to	state STATEMENT OF CHANGES IN BENEFICIAL OW						LOW	NERSHIP OF	·	2005 Laverage		
Section 1		SECURITIES							Estimated aver burden hours p			
Form 4 o									response	. 0.5		
Form 5 obligation	<b>n</b> a <b>*</b>						•	e Act of 1934,				
may cont				•	•	- ·		1935 or Section	n			
See Instru		30(h)	) of the In	vestment	Compan	y Act	of 194	-0				
1(b).												
(Print or Type F	Responses)											
(I fint of Type I	(csponses)											
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	Name and	Ticker or '	Fradin	a	5. Relationship of	Reporting Pers	son(s) to		
	ALD SHIRLEY		Symbol	suer Name <b>and</b> Ticker or Trading				Issuer	1 0			
Symoe				AST INC	[MED]							
								(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction			Director	100	Owner		
C/O MEDIE	FAST, INC., 11	1445	(Month/D 06/30/20	-					title $X_0^{10\%}$			
CRONHILL		1115	00/30/20	009				below)	below)			
enormer								Wife of the	Executive Cha	urman		
			4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year	.)			Applicable Line) _X_Form filed by One Reporting Person				
OWINCEN		117						Form filed by M	1 0			
Owinds iv	IILLS, MD 21	11/						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3.	4. Securit			5. Amount of	6. Ownership			
Security	(Month/Day/Ye		on Date, if		on(A) or Di	-		Securities	Form: Direct			
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				<b>)</b> )	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(ivionitii	Duy/ I cui)	(1130.0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	06/30/2009			S	45,000	D	\$ 11.3	245,442	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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title Amour Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MACDONALD SHIRLEY C/O MEDIFAST, INC., 11445 CRONHILL DR. OWINGS MILLS, MD 21117				Wife of the Executive Chairman			
Signatures							

/s/ Shirley D. 07/02/2009 MacDonald

<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).

### **Remarks:**

#### 1. N/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.