## Edgar Filing: MEDIFAST INC - Form 4

MEDIFAST Form 4									
November 1	18, 2013								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PROVAL 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16. Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility Ho 30(h) of the Investment					T <b>ICI</b> A ties H mpan	Exchange y Act of	Expires:January 31 2005Estimated average burden hours per response0.5		
(Print or Type	Responses)								
MILLS JEANETTE M. Symbo			ssuer Name <b>and</b> Ticker or Trading ool DIFAST INC [MED]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mont			ate of Earliest Transaction nth/Day/Year) 14/2013			Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President			
	(Street)		endment, D onth/Day/Yea	0	al		6. Individual or Joi Applicable Line) _X_ Form filed by O		
OWINGS I	MILLS, MD 2111	7					Form filed by M Person	ore than One Re	porting
(City)	(State)	(Zip) Tak	ole I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi oror Dispos (Instr. 3, Amount	sed of		<ul> <li>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/14/2013		S	2,500	D	\$ 25.4705	14,623	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)	4. Transactic Code (Instr. 8)	5. ofNumber 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 Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addres	s		Relationships				
	Director	10% Owner	Officer	Other			
MILLS JEANETTE M. C/O MEDIFAST, INC. 11445 CRONHILL DR. OWINGS MILLS, MD 21117	7		Executive Vice President				
Signatures							
/s/ Jeanette M. Mills	1/18/2013						

<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).

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.