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PETMED EX	XPRESS INC												
Form 4													
September 1	0, 2009												
FORM /								OMB A	PPROVAL				
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check the if no long	5 /							Expires:	January 31,				
subject to	STATEN/	STATEMENT OF CHANGES IN BENEFICIAL OWNERS							NERSHIP OF	Estimated average			
Section 1	6.	SECURITIES								burden hours per			
Form 4 o					_		_			response	0.5		
Form 5 obligation	.							-	e Act of 1934,				
may cont See Instru 1(b).	inue. Section 17(a		of the Inv	-		-			f 1935 or Section 40	n			
(Print or Type F	Responses)												
AKDAG MENDERES Sym				2. Issuer Name and Ticker or Trading ymbol PETMED EXPRESS INC [PETS]					5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
(Last)	(First) (M	fiddle)	3. Date of		Fran	isaction			V Dimeter	100	0		
1441 S.W. 2	9TH AVENUE		(Month/Da 09/08/20	-					X Director X Officer (give below) CHIEF EXECU	titleOtho	o Owner er (specify ER & PRES		
	(Street)		4. If Amer	ndment, D	Date	Original			6. Individual or Jo	oint/Group Filin	1g(Check		
Filed(Mo				ed(Month/Day/Year)					Applicable Line)				
POMPANO	BEACH, FL 330	69							_X_ Form filed by 0 Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-	Dei	rivative S	becurit	ies Acq	uired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transact Code (Instr. 8)	tion	4. Securit (A) or Di (D) (Instr. 3, 4	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
							or	D .	(Instr. 3 and 4)				
Common				Code V		Amount	(D)	Price					
Common Stock	09/08/2009			S		10,000 (1)	D	\$ 19	410,000	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amour Underl Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	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				
AKDAG MENDERES 1441 S.W. 29TH AVENUE POMPANO BEACH, FL 33069	Х		CHIEF EXECUTIVE OFFICER & PRES					
Signatures								

- 3	
/s/Menderes	
Akdag	09/10/2009
<u>**</u> Signature of	Date
Reporting Person	

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).
- (1) The reported transactions are pursuant to a pre-arranged structured sales plan that is in accordance with both the Securities and Exchange Commission's Rule 10b5-1 and the PetMed Express, Inc. insider trading policy.

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.