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SCHLACKM	AN SCOTT											
Form 4												
February 09, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL			
	UNITE	DSIAIL					NGE V		OMB Number:	3235-0287		
Check this		washington, D.C. 20549								January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
Section 16. SECU					CURITIES					Estimated average burden hours per		
Form 4 or								response 0				
Form 5 obligations								ge Act of 1934,				
may contin	nue. Section I			•	•	• •		f 1935 or Sectio	n			
See Instruc	ction	30(n)	of the Inv	/estment (Company	y Aci	01 19	40				
1(b).												
(Print or Type Re	esponses)											
	dress of Reporti	ng Person [*]		Name and	Ticker or T	Гradin	g	-	of Reporting Person(s) to			
SCHLACKMAN SCOTT Symbol MEDIF.				^{bol} DIFAST INC [MED]				Issuer				
								(Check all applicable)				
(Month/D				Date of Earliest Transaction onth/Day/Year) /07/2018								
								X_ Director 10% Owner Officer (give title Other (specify				
								below)				
(Street) 4. If Amer				andment. Date Original			6. Individual or Joint/Group Filing(Check					
				Amendment, Date Original (Month/Day/Year)				Applicable Line)				
X Form filed b						_X_ Form filed by	One Reporting Person					
BALTIMOR	E, MD 21202	2						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	T . I. I.	I Nor D			4• · · · · ·	·	с			
	. ,						ties Ac	quired, Disposed of		-		
1.Title of Security	2. Transaction I (Month/Day/Ye	emed on Date, if	3. 4. Securities TransactionAcquired (A) or					6. Ownership Form: Direct	7. Nature of Indirect			
(Instr. 3)	(Wional Day) IV	any	on Dute, n	Code Disposed of (D)					(D) or Ben Indirect (I) Ow	Beneficial		
		(Month/	/Day/Year)							Ownership		
								Reported	(Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/07/2018			А	1,619	А	\$0	7,001	D			
Stock	02/07/2010				(1)		ΨŪ	.,	_			

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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			
SCHLACKMAN SCOTT C/O MEDIFAST, INC. 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	Х						
Signatures							
/s/ Timothy G. Robinson, attorney-in-fact	02/09/2018						
**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).
- (1) This annual restricted stock grant, which was issued to the reporting person under the 2012 Share Incentive Plan, will vest in full on June 30, 2019.

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.