Edgar Filing: PETMED EXPRESS INC - Form 4

| PETMED EX | KPRESS INC | | | | | | | | | |
|--|---|--|---|---------------|----------|---------|--|---|---|--|
| Form 4 | | | | | | | | | | |
| January 25, 2 | 2005 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | |
| | UNITED | | Washington | | | GE U | OWINISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or | er STATEN 6. | IENT OF CH | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | inue. Section 17(a | a) of the Publi | • • | ding Comp | pany A | Act of | e Act of 1934, 1935 or Section 0 | · | | |
| (Print or Type R | Responses) | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol PETMED EXPRESS INC [PETS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) 1020 NW 163RD DR | | | 3. Date of Earliest Transaction(Month/Day/Year)01/24/2005 | | | | (Check all applicable) Director 10% Owner Officer (give titleX Other (specify below) below) Indirect 10% Owner | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MIAMI, FL | 33169 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Table I - Non- | Derivative Se | ecuritie | es Acqu | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code | | posed o | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 01/24/2005 | | S | 200,000 | D | \$7 | 6,727,500 | Ι | By Tricon Holdings | |

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 Derivativ Security (Instr. 3) | ve Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|--|------------------------------|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | Code V | . , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addro | 285 | Relationships | | | | | | |
|--|------------|----------------------|--|--------------------|--|--|--|--|
| | Director | 10% Owner Officer Ot | | Other | | | | |
| CRESLIN LTD 1020 NW 163RD DR MIAMI, FL 33169 | | | | Indirect 10% Owner | | | | |
| Signatures | | | | | | | | |
| /s/Robert Guest | 01/24/2005 | | | | | | | |
| <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.