Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours nor response: | | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Priest Leta D | | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT] | | | | | | | | | eck all app X Direc | tor | ng Pers | 10% O | wner | |
|--|--|---------|---------|-------------------------|--|---|--|---|-------------|--------------------------------------|---|-------------------|---|---|---|---|---|---------------------------------------|----------|--|
| | (Fi ESHPET, IN | IC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020 | | | | | | | | | | Officer (give title below) | | Other (below) | specify | |
| 400 PLAZA DRIVE, FLOOR 1 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SECAU | CUS NJ | 0 | 7094 | | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | osed of | , or E | Bene | ficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if any | | . Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | ies Acquired (A Of (D) (Instr. 3, | | (A) or 3, 4 an | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | t (A) or (D) | | Price | Transa | ction(s) 3 and 4) | | | (1130.4) | |
| Common Stock ⁽¹⁾ 04/01/ | | | | | /2020 | | | | Α | | 1,096 | A | | \$ <mark>0</mark> | 5,340 | | | D | | |
| | 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) | tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. 8) | | wative urities uired or osed) r. 3, 4 | 6. Date E Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | estr. | B. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | ٧ | (A) | (D) | Exercisable | | Date | Title Sha | | res | | | | | | |

Explanation of Responses:

1. The shares of restricted Common Stock were awarded to the Reporting Person under the Issuer's 2014 Omnibus Incentive Plan and vest on the first anniversary of the grant date, subject to the Reporting Person's continued service on the Board of Directors of the Issuer at such date.

/s/ Richard A. Kassar, as

Attorney-in-fact for the

Reporting Person

** Signature of Reporting Person Date

04/03/2020

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.