FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Walsh Cathal | | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT] | | | | | | | | (Checl | k all app Direc | , | ng Per | 10% O | |
|--|--|-------|--------------|---------------------------------|--------------------------|---|--|--------------------------------|---|------------|---|---------|--|--|--|-----------------------|--|--|---|
| | SHPET, II | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2023 | | | | | | | | X | belov | | | below) | |
| (Street) SECAU(| CUS N | J 0 | 7094 Zip) | | 4. If <i>F</i> | Amendi | ment, | Date o | f Origina | al Filed | d (Month/Da | y/Year) | | 6. Individual or Joint/Group Filing (Check Applicable .ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or Be | enefi | cially | own | ed | | | |
| Date | | | | 2. Transac Date (Month/Da | Exec ay/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | red (A) str. 3, 4 | A) or 5. Amo Securi Benefi Owned | | cially I Following | Form (D) o | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) or (D) | Pric | e:e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| common stock 03/1. | | | | | 2023 | 023 | | | F | | 111(1) | D | \$5 | 6.78 | 2 | 2,586 | | D | |
| Common Stock 03/13/2 | | | | | 2023 | .023 | | | A | | 2,862(2) | A | , | \$ <mark>0</mark> | 5,448 | | | D | |
| common stock 03/14/2 | | | | 2023 | | | | F | | 214(3) | D | \$5 | \$55.67 | | 5,234 | | 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) | ve Conversion Date Execution Date, Tra y or Exercise (Month/Day/Year) if any Co | | | Transa Code (| ansaction ode (Instr. | | rative printies print | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Dei Sed (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

- 1. Represents the number of shares withheld upon vesting of restricted stock units to cover tax withholding obligations.
- 2. The shares of restricted Common Stock were awarded to the Reporting Person under the Issuer's 2014 Omnibus Incentive Plan and vests in three equal annual installments beginning March 13, 2024, subject to the Reporting Person's continued service with the Company.
- 3. Represents the number of shares withheld upon vesting of restricted stock units to cover tax withholding obligations.

/s/ Stephen Macchiaverna, as

Attorney-in-fact for the

03/15/2023

Reporting Person

** Signature of Reporting Person Date

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.