FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL								
	OMB Number: 3235-0104								
l	Estimated average burden								
l	hours per response:	0.5							

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 Add Steeneck C	Date of Event equiring Staten Month/Day/Year 1/06/2014	nent	3. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT]										
(Last) (First) (Middle) C/O FRESHPET, INC.						ationship of Reporting Perso k all applicable) Director	Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
400 PLAZA I	ORIVE, FLOOI	R 1			Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SECAUCUS	NJ	07094								y One Reporting Person y More than One erson			
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Deriva	tive Security (Ins	str. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur		ty (Instr. 4) Conve		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivativ Security	Direct (D) e or Indirect (I) (Instr. 5)				

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Richard Kassar, as Attorney-in-fact for the

Reporting Person

11/06/2014

\*\* 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 5 (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.