Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,       | D.C. | 20549 |
|-------------------|------|-------|
| vuoi iii igioi i, | D.O. | 200-0 |

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL             |     |  |  |  |  |  |  |
|---|--------------------------|-----|--|--|--|--|--|--|
|   | OMB Number: 3235-0362    |     |  |  |  |  |  |  |
| l | Estimated average burden |     |  |  |  |  |  |  |
|   | hours per response:      | 1.0 |  |  |  |  |  |  |

| Form 3  | Holdings Repo  | • • • • • • • • • • • • • • • • • • •      |   |  |   |                                 |                 |  |   |  |                | hou                            | response:  | 1.0  |                                      |   |                                       |
|---|--|--|---|--|---|---------------------------------|-----------------|--|---|--|----------------|--------------------------------|--|--|--------------------------------------|---|---------------------------------------|
| Form 4  | Transactions R   | eported.                                   | File  | ed pursuant to<br>or Sectior   |   |                                 |                 |  | ities Excha<br>ompany Ac  |  |                |                                |  |  |                                      |   |                                       |
| 1. Name and Address of Reporting Person*  GEORGE WALTER N.            |  |  |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Freshpet, Inc. [FRPT] |   |                                 |                 |  |   | 5 (0   | Check a        | o of Report<br>licable)<br>tor |  | 10%  | Owner                                |   |                                       |
|   | (Fir<br>SHPET, IN  | C.   | Middle)   | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019  |   |                                 |                 |  |   |  | Year)          | Officer (give title below)     |  |  | Э                                    | Other (specify below)   |                                       |
| 400 PLAZA DRIVE, 1ST FLOOR  |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |   |                                 |                 |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  |                |                                |  |  |                                      |   |                                       |
| (Street) SECAUCUS NJ 07094  |  |  |   |  |   |                                 |                 |  | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                |                                |  |  |                                      |   |                                       |
| (City)  | (Sta   | ate) (2                                    | Zip)  |  |   |                                 |                 |  |   |  |                |                                |  |  |                                      |   |                                       |
|   |  | Table                                      | e I - Non-Deriv   | ative Sec  | uritie  | s Ac                            | quire           | d, Di  | sposed  | of, or   | Benefici       | ally C                         | wne  | ed   |                                      |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |  |  | Execution Date, if any                                      |  | Transaction Of (  |                                 |                 | Securities Acquired (A) or Dispos<br>f (D) (Instr. 3, 4 and 5) |   | or Disposed  | Secur<br>Benef |                                | cially F   |  | ership<br>n: Direct                  | 7. Nature of Indirect Beneficial Ownership                            |                                       |
|   |  |  |   | (MOIIIII/Day/  | ieai)   | ear)   8)                       |                 | Amour  | nt  | (A) or<br>(D)  | Price          | Iss                            | Owned at end of<br>Issuer's Fiscal<br>Year (Instr. 3 and<br>4) |  | (D) or<br>Indirect (I)<br>(Instr. 4) |   | (Instr. 4)                            |
| Common Stock 12/  |  |  | 12/05/2019  |  | G   |                                 | ř               | 1,000  |   | D  | \$0.00         | )0 40                          |  | 0,780  |                                      | D   |                                       |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |  |   |                                 |                 |  |   |  |                |                                |  |  |                                      |   |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)                                  | 5. Num<br>of<br>Deriving<br>Securing<br>Acquiring<br>(A) or<br>Disposof (D)<br>(Instr.<br>and 5 | ative<br>rities<br>ired<br>osed | Expir:<br>(Mont | te Exercisable and ation Date th/Day/Year)  Expiration Date    |   | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares |                | int<br>eer                     |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                                      | 10.<br>Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |

Explanation of Responses:

Remarks:

/s/ Richard A. Kassar, as attorney-in-fact for the

01/14/2020

Reporting Person

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.