FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* GEORGE WALTER N. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT] | | | | | | | | | all app | tor | ng Per | 10% O | wner | |
|--|---|---|---------|---|----------------|--|--------|--|---------------|------------------------------|---|---------------|------------------------|---|--|---|---|---|-------------|--|
| | SHPET, I | NC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/24/2021 | | | | | | | | | Office below | er (give title | | 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) SECAUC | CUS N | J 0 | 7094 | | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | tate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive \$ | Secui | rities | Ac | quired | d, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | . | Execution Date | | , | 3. Transa Code (8) | | 4. Securities Disposed Of | | | and 5) Secur Benef | | rities Formation Formation Following (I) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (111341. 4) | |
| Common Stock 11/24/20 | | | |)21 | | | | P | | 1,000 | Α | \$107. | 07.958 4 | | 12,641 | | D | | | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | |)wne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | cise (Month/Day/Year) if any (Month/Day/Year) ive | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Number of Shares | | | | | | | |

Explanation of Responses:

/s/ Stephen Macchiaverna, as 11/29/2021 Attorney-in-fact for the 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.