Instruction 1(b).

FORM 4

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours nor resnance	. 05									

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Name and Address of Reporting Person* Garcia Ivan						2. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Garcia	IVdII						-/			•					Direc			10% O		
														X	Office below	er (give title		Other (s	specify	
(Last)	(F	First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									below	vy VP Co	ntro	,		
C/O FRESHPET, INC.					05/2	05/21/2021										VI CC	JIIIIO	1161		
400 PLAZA DRIVE, FLOOR 1																				
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)) 6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Li	ne)						
· ′	SECAUCUS NJ 07094													X Form filed by One Reporting Person						
															Form Perso		re tha	an One Rep	orting	
(City)	(5	State) (2	Zip)												1 0150	,				
(- 3)																				
		Table	I - No	n-Deriva	tive S	Secu	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y																7. Nature				
				(ear) Execution Date, if any (Month/Day/Year)			te,	Transaction Code (Instr. 3, 8)			tr. 3, 4 and	. Bene Own		neficially (D)			of Indirect Beneficial			
							ear)										Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	rice		Transaction(s) (Instr. 3 and 4)			(
05/04/00/									-		1 200	,	Ф171 1	2 (1)	`			D		
common stock 05/21/202)21				S		1,200	D	\$1/1.1	71.12 ⁽¹⁾		0,906		D		
		Ta	ble II -	- Derivati	ive Se	curit	ties A	Acqı	uired	, Disp	osed of,	or Be	neficia	lly C	wne	d				
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of 2. 3. Transaction 3A. Deemed					4.		5. Number		er 6. Date Exercisable and 7. T				e and	8. Price of 9. Num		9. Number	of	10.	11. Nature	
Derivative Security	Conversior or Exercise		Execut if any	tion Date,	Transa Code		of Derivative		Expiration Date e (Month/Day/Year)			Amou		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	nstr. 3) Price of \ (Month/D			th/Day/Year) 8)		[Securities		Underly			rlying		str. 5) Beneficial		y Direct (D)	Ownership		
	Derivative Security							Acquired (A) or Disposed of (D) (Instr. 3, 4		3 and 4)			atıve ity (Instr.		Owned Following Reported Transaction			or Indirect (I) (Instr. 4)	(Instr. 4)	
	'												4)				n(s)			
																(Instr. 4)	(3,			
					\vdash		and 5)				1	<u> </u>		-						
													Amount or							
								Date		Expiration		Number								
					Code V		(A)	(D)		cisable		Title	Shares							

Explanation of Responses:

1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$171.06 to \$171.42. The reporting person undertakes to provide to Freshpet, Inc., any security holders of Freshpet, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each price within the range set in

/s/ Stephen Macchiaverna, as

Attorney-in-fact for the

Reporting Person

** Signature of Reporting Person Date

05/25/2021

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.