FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
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| | Check this box if no longer subject t | | | | | | |
|--------|---------------------------------------|--|--|--|--|--|--|
| \neg | 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* KAYNE ANDERSON CAPITAL ADVISORS LP | | | | | 2. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT] | | | | | | | | | Check al | | , | | rson(s) to Is | | |
|---|---|---------|----------------------------|---------|--|---|--|---|---------|---|----------------------|--------------|---|---|---|--|--|--|---|-------------------------------------|
| (Last) | (F | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2015 | | | | | | | | | | Officer (give title below) | | | Other below) | (specify |
| 3RD FLOOR | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LOS ANGELES CA 90067 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | tate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | es Ac | quired, | , Dis | posed o | f, or | Ben | eficia | ally O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | d 5) S B O | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | T1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 04/30 | | | | 04/30/ | 2015 | | | | S | | 2,165,365 | | D | \$20.34 | | 4,127,890 | | | I | See Footnote 1 ⁽¹⁾ |
| | | Ta | | | | | | • | | | osed of, onvertib | | | | y Owr | ned | | | | |
| L. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | on Date, Day/Year) - | Code (| ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | ount nber | 8. Price Derivat Securit (Instr. 5 | ive | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | (((| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Such shares are owned by Freshpet Investors LLC. Kayne Anderson Capital Advisors, L.P. is a managing member of Freshpet Investors, LLC and shares voting and investment power over such shares held by Freshpet Investors LLC. Richard Kayne is the majority owner and chairman of Kayne Anderson Capital Advisors, L.P. Mr. Kayne disclaims beneficial ownership of all shares held or controlled by Freshpet Investors LLC except to the extent of his pecuniary interest therein.

David J. Shladovsky 04/30/2015

** Signature of Reporting Person Date

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

- * 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.