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								
I	Estimated average burden								
	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 Weise Stepl	2. Date of Event Requiring Statement Month/Day/Year) 27/06/2015 3. Issuer Name and Ticker or Trading Symbol Freshpet, Inc. [FRPT]												
(Last) C/O FRESHP	(First) ET, INC.	(Middle)			Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% C			er	5. If Amendment, Date of Original Filed (Month/Day/Year)				
400 PLAZA I	ORIVE, FLOO	R 1			X	Officer (give title below) EVp of Manufg & Su	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SECAUCUS	US NJ 07094					Evp of Manuig & Su	ірріу Спаш		X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						int of Securities ially 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	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur			4. Convers	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratio Date	n Title	3	Amount or Number of Shares	Security		Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

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

07/15/2015

** Signature of Reporting Person Date

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

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.

^{*} 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).