Edgar Filing: NUTRI SYSTEM INC /DE/ - Form 4

NUTRI SYS	TEM INC /DE	E/									
Form 4											
February 14,	2017										
FORM	4						NOLO			PPROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check the if no long	ter.								Expires:	January 31,	
subject to		EMENT O	F CHAN	IGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average	
Section 16.				SECURITIES					burden hou	rs per	
Form 4 o Form 5			n 1		a .	·			response	0.5	
obligation	no *						•	e Act of 1934,			
may cont	inue. Section I			•	•	· ·		1935 or Section	1		
See Instru	iction	50(II)	of the In	vestment	Compan	ly Ac	1 01 194	Ю			
1(b).											
(Print or Type F	Responses)										
	ddress of Reporti	ng Person [*]	2. Issuer	r Name and					5. Relationship of Reporting Person(s) to		
5				ymbol				Issuer			
				NUTRI SYSTEM INC /DE/ [NTRI]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of			3. Date of	Date of Earliest Transaction				(Chied)	a un uppriouore)	
				onth/Day/Year)			Director	10% Owner			
				02/11/2017				X Officer (give below)	er (specify		
								· · · · · · · · · · · · · · · · · · ·	below) Iarketing Offic	er	
			4. If Ame	f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				ed(Month/Day/Year)				Applicable Line)			
								X Form filed by C Form filed by M			
FORT WAS	SHINGTON, P	PA 19034						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E) erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	med	3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Ye	n Date, if	Transactio		-		Securities	Form: Direct			
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Benef Indirect (I) Owne	Beneficial Ownership	
		(,	(Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(
Common	02/11/2017			F	3,428 (1)	D	\$ 24.95	57,327	D		
stock					(1)		34.85				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: NUTRI SYSTEM INC /DE/ - Form 4

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
Krausz Keira 600 OFFICE CENTER DRIV FORT WASHINGTON, PA	_		Chief Marketing Officer					
Signatures								
/s/ Michael P. Monahan	02/14/2017							
**Signature of Reporting	Date							

Explanation of Responses:

- * 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).
- (1) Withholding of common stock to cover tax liability.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Person