MCDANIEL JOHN Form 5 March 14, 2013	ΙP									
FORM 5								OMB AF	PROVAL	
	UNITED STAT		SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549				MMISSION	OMB Number: Expires:	3235-0362 January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue.		EMENT OF CHANGES IN BENEFICIAL NERSHIP OF SECURITIES					Estimated average burden hours per response 1.0			
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported										
1. Name and Address o MCDANIEL JOHN	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDIFAST INC [MED]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (Fir	(Month/Day	<ul><li>3. Statement for Issuer's Fiscal Year Ended</li><li>(Month/Day/Year)</li><li>12/31/2012</li></ul>				(Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer (give title <u>Other</u> (specify below) <u>below</u> )				
C/O MEDIFAST, I CRONHILL DR.	INC.,A 11445									
(Street) 4. If Amendment, Date O Filed(Month/Day/Year)				Driginal		6. Individual or Joint/Group Reporting (check applicable line)				
OWINGS MILLS,	MD 21117					_	K_ Form Filed by C _ Form Filed by M rson	1 0		
(City) (Sta	tte) (Zip)	Table	I - Non-Deriv	vative Sec	uritie	s Acquir	ed, Disposed of,	or Beneficial	ly Owned	
	any	ution Date, if	Transaction	4. Securit (A) or Dia (Instr. 3, 4)	sposed	l of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 03/31/ Stock	/2012 Â	1	A4	1,932	A	\$ 17.46	24,114	D	Â	

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

Persons who respond to the collection of information<br/>contained in this form are not required to respond unless<br/>the form displays a currently valid OMB control number.SEC 2270<br/>(9-02)

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

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

## Edgar Filing: MCDANIEL JOHN P - Form 5

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. D S B O E I S F I S (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
MCDANIEL JOHN P C/O MEDIFAST, INC. 11445 CRONHILL DR. OWINGS MILLS, MDÂ	21117	ÂX	Â	Â	Â			
Signatures								
/s/ John P. McDaniel	03/14/2	013						
<u>**</u> Signature of	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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Person