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

NUTRI SYST Form 4	FEM INC /DE/											
March 24, 20	14											
FORM	4									PPROVAL		
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	ər								Expires:	January 31, 2005		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated a burden hou	average Irs per					
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange A						4 6 1024	response	response 0.5		
obligation may conti <i>See</i> Instru- 1(b).	s Section 17	(a) of the		ility Hold	ing Com	pany	Act o	of 1935 or Sectio	'n			
(Print or Type R	esponses)											
MONAHAN MICHAEL P. Symbo			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol NUTRI SYSTEM INC /DE/ [NTRI]				5. Relationship of Reporting Person(s) to Issuer				
						(Check all applicable)						
(Month/			(Month/D	<ul> <li>B. Date of Earliest Transaction</li> <li>Month/Day/Year)</li> <li>O3/20/2014</li> </ul>				Director 10% Owner XOfficer (give title Other (specify below) Chief Financial Officer				
			Amendment, Date Original (Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
FORT WAS	HINGTON, PA	19034						Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	tion Date, if Transac Code		4. Securities actionAcquired (A) or Disposed of (D) 8) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
Common Stock (1)	03/20/2014			Code V A	Amount 5,769 (1)	(D) A	Price \$ 0 (1)	(Instr. 3 and 4) 32,233	D			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year) A)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Options, .001 (right to buy)	\$ 14.95	03/20/2014		А	22,216	<u>(2)</u>	03/20/2021	Common shares	22,216

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### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
MONAHAN MICHAEL P. 600 OFFICE CENTER DRIVE FORT WASHINGTON, PA 19034			Chief Financial Officer			
Signaturos						

## Signatures

/s/ Michael P.	03/24/2014		
Monahan			

\*\*Signature of Reporting Date Person

# **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) Restricted shares were granted on March 20, 2014. Shares vest over four years in equal installments on March 20th of each year. Price per share on day of grant is \$14.95.
- (2) Options were granted pursuant to employee stock option plan. Options vest over 4 year vesting period from date of issuance.

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.