FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington	, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed purcuant to Section 16(a) of the Securities Evolution Act of 1024

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					or :	Section	1 30(h)	of the	Investr	ment C	Company Act	of 1940							
1. Name and Address of Reporting Person* ModusLink Global Solutions Inc					2. Issuer Name and Ticker or Trading Symbol MEDIFAST INC [MED]									lationshi k all app Dired	olicable)	ing Po	erson(s) to X 10%	lssuer Owner	
(Last) (First) (Middle) 1601 TRAPELO ROAD SUITE 170					3. Date of Earliest Transaction (Month/Day/Year) 06/23/2015									Offic below	er (give title w)	•	Othe belov	r (specify v)	
(Street) WALTHA	AM M)2451 Zip)		4. If	f Amen	dment,	, Date	of Origi	inal Fi	led (Month/D	ay/Year)		6. Indi Line) X	Forn	n filed by Oi	ne Re	ing (Check eporting Per nan One Re	son
		Tabl	e I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	ed, D	isposed (of, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Dat		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Benefi		ies cially Following	Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa (Instr. 3	ction(s)			(IIISU. 4)
Common Stock, par value \$0.001 per share 06/23/20			015	15		S		27,443	D	\$33.0	0112 1,2		1,224,545		I	See Footnote ⁽¹⁾			
		Та	ıble II								posed of, convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation C th/Day		Amour Securi Under Deriva Securi	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Direct or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person*	<u>Inc</u>																

			_							
Name and Address of Reporting Person* ModusLink Global Solutions Inc										
(Last)	(First)	(Middle)								
1601 TRAPELO ROAD										
SUITE 170										
(Street)										
WALTHAM	MA	02451								
(City)	(State)	(Zip)								
Name and Address of Reporting Person* ModusLink Securities Corp										
(Last)	(First)	(Middle)								
C/O MODUSLINK GLOBAL SOLUTIONS, INC.										
1601 TRAPELO RD., SUITE 170										
(Street)										
WALTHAM	MA	02451								
(City)	(State)	(Zip)								

Explanation of Responses:

1. The shares of Common Stock reported on this line may be deemed to be directly beneficially owned by ModusLink Securities Corp. ("ModusLink Securities"), a wholly-owned subsidiary of ModusLink Global Solutions, Inc. ("ModusLink"). ModusLink may be deemed to be the indirect beneficial owner of such shares by virtue of its control and ownership of ModusLink Securities. Each of the Reporting Persons expressly disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein.

<u>Cormier, Senior Vice President</u> <u>& General Counsel</u>

MODUSLINK SECURITIES CORP. /s/ Alan Cormier,

Executive Vice President &

06/24/2015

<u>Secretary</u>

** Signature of Reporting Person

Date

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

- * 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.