HAN PATRICIA			
Form 3			
October 31, 2018			
FORM 3	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL	
	Washington, D.C. 20549	OMB Number:	3235-0104
	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES	Expires:	January 31, 2005
	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,	Estimated average burden hours per response 0.	

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> HAN PATRICIA		3. Issuer Name and Ticker or Trading Symbol NUTRI SYSTEM INC /DE/ [NTRI]			
(Last) (First) (Middle)	10/23/2018 4.	Relationship of Reporting erson(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
FORT WASHINGTON EXECUTIVE CENTER, 600 OFFICE CENTER DRIVE (Street)		(Check all applicable) Officer 10% Owner Officer Other (give title below) (specify below)			
FORT WASHINGTON, PA 19034			Person Form filed by More than One Reporting Person		
(City) (State) (Zip)	Table I - Nor	n-Derivative Securities Bo	eneficially Owned		
1.Title of Security (Instr. 4)	2. Amount of Se Beneficially Ow (Instr. 4)		ature of Indirect Beneficial ership r. 5)		
Common Stock	0	D Â			
information conta required to respo	nch class of securities beneficially pond to the collection of ained in this form are not and unless the form displays MB control number.	SEC 1475 (7-02)			

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships			
		Director	10% Owner	Officer	Other
HAN PATRICIA FORT WASHINGTON EXECUTIVE CENTER 600 OFFICE CENTER DRIVE FORT WASHINGTON, PA 19034		ÂX	Â	Â	Â
Signatures					
/s/ Michael P. Monahan	10/31/2018				
**Signature of Reporting Person	Date				
	D				

Explanation of Responses:

* 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).

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.