### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty                                                                         | p t troop cross                                           |                     |                                                                |                                                                                   |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                   |                                                                                                                                                 |                                 |                                                                                      |                                                                |                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| Name and Address of Reporting Person <sup>*</sup> Colligan Thomas J                  |                                                           |                     |                                                                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CENTRAL GARDEN & PET CO [CENT] |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner                                                    |                                 |                                                                                      |                                                                |                                                                   |
| (Last) (First) (Middle) C/O CENTRAL GARDEN & PET COMPANY, 1340 TREAT BLVD, SUITE 600 |                                                           |                     |                                                                | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2019                       |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | -                                                 | Officer (giv                                                                                                                                    | ve title below)                 | Oti                                                                                  | er (specify bel                                                | ow)                                                               |
| (Street)                                                                             |                                                           |                     |                                                                | 4. If Amendment, Date Original Filed(Month/Day/Year)                              |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person |                                 |                                                                                      |                                                                |                                                                   |
| WALNUT CREEK, CA 94597 (City) (State) (Zip)                                          |                                                           |                     |                                                                | Tabla I. Nan Dariyatiya Saawiitaa Aagu                                            |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | s Acquir                                          | ured, Disposed of, or Beneficially Owned                                                                                                        |                                 |                                                                                      |                                                                |                                                                   |
| 1.Title of S (Instr. 3)                                                              | Title of Security 2. Transaction Date                     |                     |                                                                | 2A. Deemed<br>Execution Date, if                                                  |                                                                    | te, if                                                                 | 3. Tra<br>Code<br>(Instr | ansaction<br>:. 8)                                               | 4. Sec (A) or (Instr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)         |                                                   | 5. Amount of Securities Benefic<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                               |                                 | Beneficially                                                                         | 6. Ownership Form: Direct (D) or Indirect (I)                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| C1 A (                                                                               | Common S                                                  | 741                 | 02/12/2019                                                     |                                                                                   |                                                                    |                                                                        | Co                       |                                                                  | 718 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . ,                                                           | Price \$ 0 6                                      | 6.079                                                                                                                                           |                                 |                                                                                      | (Instr. 4)                                                     |                                                                   |
| Reminder:                                                                            | report on u                                               |                     |                                                                |                                                                                   |                                                                    |                                                                        |                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                   | collection<br>t required                                                                                                                        |                                 |                                                                                      |                                                                | 1474 (9-02)                                                       |
| 1. Title of                                                                          | 2.                                                        | 3. Transaction Date | Table II -  3A. Deemed Execution Date, if any (Month/Day/Year) | 4.<br>Transac<br>Code                                                             | s, calls 5 tion o D S A (A                                         | Num<br>f<br>Derivate<br>ecurit<br>(cquir<br>A) or<br>Dispos<br>f (D)   | rants hber tive hies hed | cont<br>form                                                     | sposed of converting the converting  | this for<br>ys a curr<br>of, or Ben<br>ible secur<br>le and   | m are no<br>ently val<br>eficially (<br>rities)   | ot required<br>lid OMB co<br>Owned<br>and Amount<br>lying<br>s                                                                                  | to respond<br>ntrol numb        | d unless th                                                                          | of 10. Owners Form of Derivati Security Direct ( or Indire     | 11. Nature of Indirec Beneficia Ownershi (Instr. 4)               |
| 1. Title of<br>Derivative<br>Security                                                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date | 3A. Deemed<br>Execution Date, if<br>any                        | 4.<br>Transac<br>Code                                                             | s, calls  tion  D  S  A  (A  C  I  I  I  I  I  I  I  I  I  I  I  I | . Num<br>f<br>Derivate<br>ecurit<br>(cquir<br>A) or<br>Dispos<br>f (D) | rants hber tive hies hed | cont<br>form<br>uired, D<br>, options<br>6. Date E<br>Expiration | sposed converting conv | n this for<br>ys a curr<br>of, or Ben<br>ible secur<br>le and | eficially (Cities)  7. Title a of Under Securitie | ot required<br>lid OMB co<br>Owned<br>and Amount<br>lying<br>s                                                                                  | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | of 10. Owners Form of Derivati Security Direct ( or Indirects) | 11. Nature of Indirec Beneficia Ownershi (Instr. 4)               |

|                                                                                                               | Relationships |              |         |       |  |  |
|---------------------------------------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                                                                | Director      | 10%<br>Owner | Officer | Other |  |  |
| Colligan Thomas J<br>C/O CENTRAL GARDEN & PET COMPANY<br>1340 TREAT BLVD, SUITE 600<br>WALNUT CREEK, CA 94597 | X             |              |         |       |  |  |

# **Signatures**

| /s/JoAnn Jonte as Attorney-in-Fact for Thomas Colligan | 02/14/2019 |
|--------------------------------------------------------|------------|
| Signature of Reporting Person                          | 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) Restricted stock award granted under the Company's Nonemployee Director Equity Incentive Plan, as amended
- (2) Stock options granted under the Company's Nonemployee Director Equity Incentive Plan, as amended.
- (3) One-third of the total options granted will become exercisable at each of 6 months, 18 months and 30 months after February 12, 2019, the date of the

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.