Edgar Filing: CALAVO GROWERS INC - Form 4

| CALAVO GF Form 4 January 29, 20 | ROWERS INC | | | | | | | | | | | |
|---|---|---|----------|--|--------------------|-----------------------|------------------------------------|----------|---|--|------------------------|--|
| FORM | Δ | | | | | | | | | | PPROVAL | |
| | UNITED S | TATES S | | ITIES A | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no longe | | ENT OF | СНАМ | TES IN | PF | NEEL | CIAI | | NEDSHID OF | Expires: | January 31, 2005 | |
| subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERS | | | | | | INERSIIII OF | Estimated average burden hours per | | | | | |
| Form 4 or | | | | | | | | response | • | | | |
| Form 5 obligation may contin <i>See</i> Instruct 1(b). | s Section 17(a |) of the Pu | | lity Hol | lding | g Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| Browne Michael A Symbol | | | | er Name and Ticker or Trading VO GROWERS INC W1 | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of | | | | e of Earliest Transaction h/Day/Year) 7/2014 | | | | | Director 10% Owner X Officer (give title Other (specify below) VP- Fresh Operations | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SANTA PAU | JLA, CA 93036 | | | | | | | | | Aore than One Re | | |
| (City) | (State) (2 | Zip) | Table | I - Non- | Deri | vative S | ecuri | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/Da | Date, if | 3. Transac Code (Instr. 8) Code | tionA D) (1 | Disposed Instr. 3, | (A) o of (D |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 01/27/2014 | | | А | | ,454 | A | \$0 | 1,454 | 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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | (Month/Day/Year) tive ties red sed | | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|--|--------------------|-----------------------|---|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / | Address | Relationships | | | | | | | | |
|---|------------|---------------|---------------------|-------|--|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | | |
| Browne Michael A 1141A CUMMINGS F SANTA PAULA, CA | | | VP- Fresh Operation | S | | | | | | |
| Signatures | | | | | | | | | | |
| /s/ Michael A. Browne | 01/29/2014 | | | | | | | | | |
| <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 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