## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  Gibson James E					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CALAVO GROWERS INC [ CVGW ]										(Check	all app Direc	olicable) ctor	g Person	Person(s) to Issuer  10% Owner		
(Last) 1141-A (	`	First) GS ROAD	(Middle)			B. Date of Earliest Transaction (Month/Day/Year) 01/08/2019										X	Officer (give title below)  President of Subsidiary Corp.				)``
(Street) SANTA	PAULA C		93060 (Zip)				endme 2019	ent, Dat	te of	of Original Filed (Month/Day/Year)							Forn	or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting Ison			
		Tab	le I - No	n-Deriv	ative	Se	ecuri	ties A	\cq	uired,	Dis	posed o	f, o	r Ber	nefic	ially	Owne	ed			
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					d (A) o	l and Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			01/08	8/2019	/2019				F		343	D \$		\$7	9.28	57	57,920(1)		D	
Common Stock																4,986(2)		I		By The Gibson Family Trust	
		T	able II - I									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)	Insti	on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e ( s	5. Date E Expiratio [Month/D  Date Exercisal	n Date	Securities Underlying Derivative Security (Ins and 4)  Amo or Num Expiration of		f g nstr. 3 mount	Deri Sec (Inst	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. The amended number of shares shown here as being directly owned by the reporting person following the reported transaction now reflects the transfer of 4,148 shares of restricted stock that, upon vesting, had been transferred to The Gibson Family Trust (the "Family Trust"), but had previously been inadvertently reflected as being directly owned by the reporting person.
- 2. Shares held indirectly by the reporting person in the name of the Family Trust, of which the reporting person is a trustee and in which the reporting person has a pecuniary interest. The number of shares shown here as being indirectly owned by the Family Trust now reflects 4,148 additional shares of restricted stock that, upon vesting, were transferred to the Family Trust, but had been inadvertently omitted from the Family Trust's amount of securities beneficially owned (such shares had instead still been reflected as being directly owned by the reporting person, as noted in Footnote 1).

\*\* 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.