FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	ROVAL
OMB Number:	3235-0287
Estimated average bu	ırden
hours per response:	0.5

obligation Instructio	ns may continue. See n 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act	t of 1934	hours per	hours per response:	
			or Section 30(h) of the Investment Company Act of 194				
Name and Address of Reporting Person* VAN DER KAR SCOTT			2. Issuer Name and Ticker or Trading Symbol CALAVO GROWERS INC [CVGW]	5. Relationship (Check all app		Reporting Person(s) to Issuer ble)	
				X Direct	tor	10% Owner	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019	Office below	er (give title v)	Other (spec below)	
1111 A CI	IMMINICS DOAD		I	I			

(Last)	(Fi	rst) S ROAD	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019						Offic belo			ner (specify ow)			
(Street) SANTA (City)	PAULA CA	A (ate)	93060 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person			son				
		Tal	ole I - No	n-Deriv	ative	Securit	ies Acc	quired,	Dis	oosed o	of, or E	Benef	icially	/ Own	ed		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execur) if any	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A)	or	Price	Trans	action(s) 3 and 4)		(Instr. 4)
Common	Stock			01/02	2/2019			A		1,750	0 1	A	\$ <mark>0</mark>	3	,500 ⁽¹⁾	D	
Common	Stock													22	2,037(1)	I	By Family Trust
Common	Stock													1	02,437	I	Trustee of Family Non- Exempt Trusts
		Т	able II - I											wned		,	,
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		ed n Date,	Transaction of E		6. Date Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)				8. De Se (In	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Ī			\top					Amou	nt				

1. On January 2, 2018, the reporting person filed a Form 4 stating that the amount of securities beneficially owned following the reported transaction was 1,750 shares, rather than the correct amount of 3,500 shares. Subsequently, the reporting person transferred 1,750 of those shares to his family trust, bringing the total number of shares indirectly held through his family trust to 24,137 shares. On June 20, 2018 and August 14, 2018, 1,100 and 1,000 of those shares, respectively, were sold, bringing the total number of shares indirectly held through his family trust to 22,037 shares, which is the current number of shares held indirectly by the reporting person through his family trust. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares held by the reporting person as of the date of this Form 4.

Date Exercisable

Expiration Date

/s/ Scott Van Der Kar 01/04/2019

** Signature of Reporting Person

Number

of

Title

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.

(D)