FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL					
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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* Munsell Shawn			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/20/2022 3. Issuer Name and Ticker or Trading Symbol CALAVO GROWERS INC [CVGW]						
(Last) (First) (Middle) C/O CALAVO GROWERS, INC.					Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SANTA PAULA	CA (2011)	93060			Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)								
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1. Title of Sec	curity (Instr. 4		ble I - Non	2	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. 1)	3. Owner Form: I (D) or II (I) (Inst	ership direct		e of Indire nip (Instr.	ct Beneficial 5)
1. Title of Sec	curity (Instr. 4)	Table II - D	erivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: I (D) or II (I) (Insti	ership de direct (r. 5)			
	curity (Instr. 4	(e.g.	Table II - D	Derivative	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: I (D) or II (I) (Institute ally Ownible secretarities	ership de direct (r. 5)	ion Ownersh		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Shawn Munsell</u> <u>06/20/2022</u>

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).