FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ngton, D.C. 20549 | OMB APPROVAL |
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|                   |              |
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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person*  HOLMGREN KATHLEEN M |  |        |           |        |                                      | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  CALAVO GROWERS INC [ CVGW ] |   |  |         |                                      |   |              |  |                                    |   | all app   | onship of Reporting Pall applicable) Director Officer (give title below) |  | Person(s) to Issuer<br>10% Owner |   |  |  |
|---|--|--------|-----------|--------|--------------------------------------|---|---|--|---------|--------------------------------------|---|--------------|--|------------------------------------|---|---|--|--|----------------------------------|---|--|--|
| (Last) (First) (Middle) C/O CALAVO GROWERS INC.               |  |        |           |        |                                      | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018                     |   |  |         |                                      |   |              |  |                                    |   |   |  |  | Other (specify below)            |   |  |  |
| 1141-A CUMMINGS ROAD  |  |        |           |        |                                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |   |  |         |                                      |   |              |  |                                    |   | Individual or Joint/Group Filing (Check Applicable Line)  |  |  |                                  |   |  |  |
| (Street) SANTA PAULA CA 93060                                 |  |        |           |        |                                      |   |   |  |         |                                      |   |              |  |                                    | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |  |                                  |   |  |  |
| (City)  | (St  | ate) ( | Zip)      |        |                                      |   |   |  |         |                                      |   |              |  |                                    |   |   |  |  |                                  |   |  |  |
|   |  | Tabl   | e I - Nor | -Deriv | ative                                | Se  | curitie   | s Ac   | quired, | Disp                                 | osed o  | f, or        | Bene                                       | eficia                             | ally (  | Owne  | ed   |  |                                  |   |  |  |
| Da  |  |        |           |        | Date<br>(Month/Day/Year)             |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | Code (  | Transaction Disposed Code (Instr. 5) |   |              | ties Acquired (A)<br>d Of (D) (Instr. 3, 4 |                                    |   | 5. Amo<br>Securi<br>Benefi<br>Owned<br>Report   | ties<br>cially<br>I Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |                                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |  |        |           |        |                                      |   | Code  | v  | Amount  |                                      | A) or<br>D)   | Price        |  | Transaction(s)<br>(Instr. 3 and 4) |   |   |  | (  |                                  |   |  |  |
| Common Stock  |  |        |           |        | 01/02/2018                           |   |   |  | A       |                                      | 1,750   | )            | A \$0                                      |                                    | 4,500   |   | D  | )  |                                  |   |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |           |        |                                      |   |   |  |         |                                      |   |              |  |                                    |   |   |  |  |                                  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any                                     |        |           |        | ransaction of ode (Instr. Derivative |   | ative<br>rities<br>ired<br>osed                             | 6. Date Exercisable and Expiration Date (Month/Day/Year) |         |                                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |              | ount                                       | nt                                 |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)        | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                  |   |  |  |
|   |  |        |           |        | Code                                 | de V (A) (D)  |   | (D)  |         |                                      | Date  | Title Shares |  | res                                |   |   |  |  |                                  |   |  |  |

**Explanation of Responses:** 

/s/ Barbara Gillham, Attorney-

01/03/2018

In-Fact

\*\* 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.