П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bure | den |
| hours per response: | 0.5 |

| Instruction 1(| (b). | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 | 934 | | |
|------------------------------|--------------------------------|----------|---|------------------------|--|-----------------------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | |
| | dress of Reporting GEORGE H | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>CALAVO GROWERS INC</u> [CVGW] | | ationship of Reporting P (all applicable) Director | 10% Owner |
| (Last) 31510 LAUR | (First) EL RIDGE DR | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2007 | | Officer (give title below) | Other (specify below) |
| (Street) VALLEY CENTER | СА | 92082 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 09/07/2007 | 6. Indiv Line) X | vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person | eporting Person |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 09/07/2007 | | S | | 100 | D | \$18.99 | 13,900 ⁽¹⁾ | I | As Trustee for Family Trust |
| Common Stock | 09/07/2007 | | S | | 100 | D | \$19.04 | 13,800 ⁽¹⁾ | I | As Trustee for Family Trust |
| Common Stock | 09/07/2007 | | S | | 300 | D | \$19.01 | 13,500(1) | I | As Trustee for Family Trust |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | of Deriv Secur Acqu (A) or Dispo of (D) (Instr | 5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Amount of | | | Expiration Date Am (Month/Day/Year) Sec Uno Der Sec | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Amendment filed to correct the number of shares in Column 5, Amount of Securities Beneficially Owned Following Reported Transaction.

/s/ George H. Barnes

09/30/2008

Date

** Signature of Reporting Person

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.