FORM 4

UNITED STATES

Washington, D.C. 20549

SECURITIES AND EX	CHANGE COMMISSION
-------------------	-------------------

- 1									
	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	ourden							
	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box to indicate that a Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* HOLMGREN KATHLEEN M					2. Issuer Name and Ticker or Trading Symbol CALAVO GROWERS INC [CVGW]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	(Last) (First) (Middle) C/O CALAVO GROWERS, INC. 1141-A CUMMINGS RD.				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024								Officer (give title Other (specify below) below)					
(Street) SANTA PAULA CA 93060				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
(City)	(5		(Zip)	Dorivo	tivo S	o o uritic		uirod	Die	nocod o	f or Por	oficiall	v Ownad					
1. Title of Security (Instr. 3)			2. Transac Date	nsaction h/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		2A. Deemed Execution Date, if any		3. 4. Securiti Transaction Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	6. Owne Form: D (D) or In (I) (Instr	Direct Indirect E	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			Instr. 4)		
Common Stock 11/0				11/01/2	/2024		М		4,929	29 A		20,	20,471					
			Table II - D (e								or Bene ole secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	ansaction Derive Secure Acqui or Dis of (D)		5. Number of Berivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	O S Illy D OI	0. bwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	de V	(A)	(D)	Date Exercisa		Expiration Date	Title			(Instr. 4)				
Restricted Stock Units	(1)	11/01/2024		M	ı		4,929	(2)		(2)	Common Stock	4,929	\$0	0		D		
Restricted Stock Units	(1)	11/01/2024		А		2,220		(3)		(3)	Common Stock	2,220	\$0	2,220		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of CVGW common stock.
- 2. The restricted stock units fully vest on November 1, 2024.
- 3. The restricted stock units fully vest on the date of Calavo Growers, Inc.'s 2025 annual meeting of shareholders.

/s/ Kathleen M. Holmgren

11/04/2024

** 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.