FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person* Silva Joel			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/10/2020 3. Issuer Name and Ticker or Trading Symbol CALAVO GROWERS INC [CVGW]						
(Last) (First) (Middle) 1141A CUMMINGS ROAD				4. Relationship of Reporting Issuer (Check all applicable)	,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SANTA PAULA (City)	CA (State)	93060 (Zip)			Director X Officer (give title below) Chief Accounting	10% Owner Other (specify below) g Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
		Ta	able I - Non	-Derivati	ve Securities Benefic	ially O	wned	<u>'</u>		
1. Title of Security (Instr. 4)										
1. Title of Sec	curity (Instr. 4	i)		Į į	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: E (D) or In (I) (Insti	Direct ndirect		ature of Indire ership (Instr.	
1. Title of Sec		()		Į į	Beneficially Owned (Instr.	Form: [(D) or Ir	Direct ndirect r. 5)			
				Perivative	Beneficially Owned (Instr. 1)	Form: E (D) or II (I) (Insti	Direct ndirect r. 5)	Own		
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Explanation of Responses:

/s/ Joel Silva

03/17/2020

** Signature of Reporting

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 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).

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.