SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

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

1. Name and . Gunther	Address of Rep <mark>Gary</mark>	orting Person [*]	2. Date of E Requiring S (Month/Day 03/26/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>CALAVO GROWERS INC</u> [CVGW]					
(Last) (First) (Middle) 1141A CUMMINGS ROAD					4. Relationship of Reporting Issuer (Check all applicable) Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SANTA PAULA	СА	93060			X Officer (give title below) Vice President of	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		e Line) by One Reporting by More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				I	2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					885.379	I		By the Gary M. Gunther & Karin K. Gunther Revocable Living Trust		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative Se (Instr. 4)		curity Convers			6. Nature of Indirect Beneficial Ownership (Instr.
I I I I I I I I I I I I I I I I I I I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	or Security Number of		or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ Gary Gunther

** Signature of Reporting Person

04/02/2020

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.