FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287 Estimated average burden 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).

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

| | | | | | uer Name and Ticke oneira CO [] | • | Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|-------------------------|------------|-----------|--------------------------------------|---------|---|---|---|--|--|--|---|--|
| (Last) C/O LIMONEIRA | (First) | (Middle) | | | te of Earliest Transa 4/2017 | action (Month/ | Day/Year) | - X X | Director Officer (give title below) Cha | 10% C Other below irman | (specify | |
| 1141 CUMMINC | GS ROAD | | | 4. If A | mendment, Date o | f Original Filed | (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Grou | p Filing (Check | Applicable | |
| (Street) | | | | | | | | X | Form filed by On | e Reporting Per | son | |
| SANTA PAULA | CA | 93060 | | | | | | | Form filed by Mor Person | re than One Rep | porting | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | Та | ble I - N | on-Derivat | tive S | Securities Acq | uired, Disp | osed of, or Benef | ficially | Owned | | | |
| 1. Title of Security (| (Instr. 3) | | 2. Transactic Date (Month/Day/ | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

| Table II. Derivative Securities Assured Dispaced of an Republicably Owned | | | | | | | | | | | |
|---|------------|--|---|--|----------|---|-------------------|--------|---|--|--|
| Common Stock | | | | | | | | 490 | Ι | By wife | |
| Common Stock | 01/24/2017 | | А | | 3,305(1) | A | \$ <mark>0</mark> | 25,564 | Ι | Through GNK Trust ⁽²⁾ | |

Code

Amount

Price

(D)

Transaction(s)

(Instr. 3 and 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | (e.g., p | uts, cai | 13, | wante | anto, | options, c | Jonvenub | ie sec | unuesj | | | | |
|---|---|---|----------------------------------|-----|-------|-------|--|---|--------|--|--|---|-------------------------|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (In 8) | | on of | | 6. Date Exerc Expiration D (Month/Day/ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | Beneficial Ownership | |
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Reflects the granting of a stock award pursuant to the Limoneira Company Amended and Restated 2010 Omnibus Incentive Plan as approved by the shareholders

2. Securities beneficially owned by the Reporting Person through the GNK Trust, dated June 29, 2011, of which the Reporting Person and his wife are trustees and beneficiaries.

/s/ Gordon E. Kimball, by Don 01/27/2017 P. Delmatoff and Joseph D. Rumley as attorneys-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.