FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
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 Add	INIC	2. Date of Event Requiring Statemen Month/Day/Year)	nent	3. Issuer Name and Ticker or Trading Symbol Limoneira CO [LMNR]						
(Last)	(First)	(Middle)	04/13/2010		Relationship of Reporting Pers (Check all applicable)	, ,	(Mc	5. If Amendment, Date of Original Filed (Month/Day/Year)		
1141-A CUMMINGS ROAD					Director X Officer (give title below)	10% Owner Other (spe	- [6. I	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SANTA PAULA (City)	CA (State)	93060 (Zip)			Delow)	below)		Person	y One Reporting y More than One Person	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					172,857	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ite	nd 3. Title and Amount of Securitie Underlying Derivative Security 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ James Snyder, Corporate Controller

06/01/2010

** Signature of Reporting Person Date

Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).