FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| 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(h) |

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

| | d Address of an John V | | 2. Issuer Name and Ticker or Trading Symbol Limoneira CO [LMNR] | | | | | | | | | Check a | II app | ship of Reporting Pe applicable) rector | | son(s) to Is | | | | | |
|--|---|--|--|-------|------------------|---|------|-----|------------------------------------|-------------------------------------|--------------------|---|-------------------------------|--|---------------------------|-----------------|--|---|---|---|--|
| (Last) (First) (Middle) 1141 CUMMINGS ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2011 | | | | | | | | | | Office belov | fficer (give title elow) | | Other (specify below) | | |
| (Street) SANTA PAULA CA 93060 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | Form | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Executi | | | Code | Transaction Diction Code (Instr. 5) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | . т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock 02/01/ | | | | | | 2011 | | | A | | 887(1) | | A | \$ | 0 | 887 | | | I | By LLC ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | | | | | 12,925 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 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/\) | Date, | ate, Transaction | | | | 6. Date E Expiratio (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | | |

Explanation of Responses:

- 1. Reflects the granting of stock award pursuant to the Limoneira Company 2010 Omnibus Incentive Plan as approved by the shareholders.
- 2. Shares beneficially owned by the Reporting Person through Blanchard Equity LLC.

/s/ John W. H. Merriman, by

Don P. Delmatoff as attorney- 02/03/2011

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.