Edgar Filing: BROWN JEFFREY J - Form 4

BROWN JEI	FFREY J										
Form 4											
June 15, 201	8										
FORM	ΙΔ								-	PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi		<i>,</i>					Expires:	January 31,			
if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNE				NERSHIP OF	•	2005	
-	Subject to				SECURITIES				Estimated average burden hours per		
	Form 4 or								response	•	
Form 5	• •						-	ge Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Sectio	n		
See Instru		30(h)) of the In	vestment	Compan	y Act	of 194	40			
1(b).											
(Drint or Tune I	Pasnonsas)										
(Print or Type F	(esponses)										
DDOWNI IEEEDEV I			2. Issuer Symbol	2. Issuer Name and Ticker or Trading mbol				5. Relationship of Reporting Person(s) to Issuer			
CAJ				CADIZ INC [CDZI]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chec	Check all applicable)			
			(Month/D	ay/Year)				_X_ Director	10%	Owner	
C/O CADIZ STE 2850	L'INC., 550 S H	IOPE ST,	06/13/20)18				Officer (give below)	titleOthe	er (specify	
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filir	1g(Check	
			Filed(Mon	d(Month/Day/Year)				Applicable Line)			
								_X_Form filed by			
LOS ANGE	LES, CA 9007	'1						Person	Nore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties Ac	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	· ·	on Date, if	Transaction(A) or Disposed of				Securities	Form: Direct	Indirect	
(Instr. 3)		-	any (Month/Day/Year)		Code (D) (Instr. 8) (Instr. 3, 4 and 5)			,	(D) or Indirect (I)	Beneficial Ownership	
		(monus	(Duy) I cui)	(11301.0)	(1150.5,	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) $(Instr. 3 and 4)$			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	06/13/2018			А	564 <u>(1)</u>	А	\$ 13.3	564	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
		10% Owner	Officer	Other				
BROWN JEFFREY J C/O CADIZ INC. 550 S HOPE ST, STE 2850 LOS ANGELES, CA 90071								
Signatures								
Jeffrey J. Brown	06/15/2018							
**Signature of	Date							

Explanation of Responses:

- * 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).
- (1) These shares were allocated to the Reporting Person under the 2014 Equity Incentive Plan in lieu of cash compensation for services rendered by the Reporting Person as a director of the Issuer for the 3-month period beginning April 1, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person