SunOpta Inc. Form 4 October 02, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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 OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(Instr. 3)

Common

Shares

1. Name and Address of Reporting Person * **HOUDE LOVAS KATRINA**

(First)

(Middle)

9 SCHOLFIELD AVENUE, TORONTO

(Street)

2. Issuer Name and Ticker or Trading Symbol

SunOpta Inc. [STKL]

3. Date of Earliest Transaction

(Month/Day/Year) 09/30/2014

4. If Amendment, Date Original

M

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X_ Director 10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

D

5. Amount of

Securities

Beneficially

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

ONTARIO CANADA, A6 00000

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed Security

09/30/2014

(Month/Day/Year) Execution Date, if any

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

(A)

Owned Following Reported Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

10,000

\$0 39,000 6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Instr. 4) (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-----|--------|----------------------------------------------------------|--------------------|---------------------------------------------------------------------|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options | \$ 5.74 | 09/30/2014 | | M | | 10,000 | 10/06/2009 | 10/06/2014 | Common Shares | 10,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|-----------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| F • · · · · · · · · · · · · · · · · · · | Director | 10% Owner | Officer | Other | | | |
| HOUDE LOVAS KATRINA 9 SCHOLFIELD AVENUE TORONTO ONTARIO CANADA, A6 00000 | X | | | | | | |
| | | | | | | | |

Signatures

Katrina Houde 10/02/2014

**Signature of Person 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).

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.

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