

SunOpta Inc.  
Form 3  
January 25, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
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**INITIAL STATEMENT OF 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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Davidson Joseph		(Month/Day/Year)	SunOpta Inc. [STKL]	
(Last)	(First)	(Middle)	01/18/2016	
SUNOPTA INC., 7301 OHMS LANE, SUITE 600			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
EDINA, MN 55439			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			SVP & GM	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common shares	8,898	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Options	Â (1)	08/07/2023	Common shares	25,000	\$ 8.23	D	Â
Stock Options	Â (2)	05/13/2024	Common shares	9,326	\$ 11.3	D	Â
Stock Options	Â (3)	05/12/2025	Common shares	11,990	\$ 10.08	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Davidson Joseph SUNOPTA INC. 7301 OHMS LANE, SUITE 600 EDINA, MN 55439	Â	Â	Â SVP & GM	Â

## Signatures

/s/ Joseph Davidson 01/25/2016

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) These options became or will become exercisable in five equal annual installments on each of August 7, 2014, 2015, 2016, 2017 and 2018. These options qualify as incentive stock options.  
  
These options became or will become exercisable in five annual installments. The first two installments of 1,865 options became or will become exercisable on May 13, 2015 and 2016. The third installment of 1,866 options will become exercisable on May 13, 2017. The fourth and fifth installments of 1,865 options will become exercisable on May 13, 2018 and 2019. These options qualify as incentive stock options.
  - (2) These options will become exercisable in five equal annual installments on each of May 12, 2016, 2017, 2018, 2019 and 2020. These options qualify as incentive stock options.
  - (3) These options will become exercisable in five equal annual installments on each of May 12, 2016, 2017, 2018, 2019 and 2020. These options qualify as incentive stock options.

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.