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SunOpta Inc											
Form 4											
April 22, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									r	APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check th	is box		v v as	inington,	D.C. 20.	/				January 31,	
if no long		MENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1)			SECURITIES					Estimated average burden hours per		
Form 4 o						response 0.5					
Form 5	Filed pu	rsuant to	Section 1	6(a) of the	e Securiti	ies E	xchang	e Act of 1934,			
obligatio may cont		(a) of the	Public Ut	ility Hold	ing Com	ipany	Act of	f 1935 or Sectio	n		
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
(Drint or Type 1	Pasmansas)										
(Print or Type I	xesponses)										
1. Name and A	Address of Reporting	Person *	2 Issuer	Name and	Ticker or '	Tradin	σ	5. Relationship of	Reporting Per	son(s) to	
McKeracher Robert Symbol				i vanie and	Tieker of	i raum	5	Issuer			
				a Inc. [STKL]							
(Last)	(First) (Middle)	3. Date of Earliest Transaction (0					(Chec	eck all applicable)		
(Eust)	(1130)	(induic)		Day/Year)				Director 10% Owner X Officer (give title Other (specify			
C/O 2838 B	OVAIRD DRIV	E WEST	04/21/20								
								below)	below) VP & CFO		
	(Street)		4 If Ama	ndmant Dat	o Original					ag(Chaolr	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 neu(mon	(III/Day/Tear)				_X_ Form filed by (One Reporting Pe	erson	
BRAMPTO	N, A6 L7A 0H2							Form filed by N Person	Nore than One Re	eporting	
(C :+)	(64-4-)	(7:)									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da		1						6. Ownership		
Security	(Month/Day/Year	on Date, if Transaction(A) or Disposed of					Securities	Form: Direct	Indirect Beneficial		
(Instr. 3) an (N			Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Ownership	
		(((- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(
Common	04/21/2015			Μ	200	А	\$ 1.92	33,534	D		
shares							1.92				
Common shares	04/21/2015			М	2,000	А	\$ 1.64	35,534	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.

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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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 1.92	04/21/2015		М		200	05/07/2010	05/07/2015	Common shares	200	
Stock Options	\$ 1.64	04/21/2015		М		2,000	05/14/2010	05/14/2015	Common shares	2,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McKeracher Robert C/O 2838 BOVAIRD DRIVE WEST BRAMPTON, A6 L7A 0H2			VP & CFO				
Signatures							

/s/ Robert McKeracher 04/22/2015 <u>**</u>Signature of Reporting 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.