FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

				7.7														
1. Name and Address of Reporting Person* <u>Taylor Bruce C.</u>					2. Issuer Name and Ticker or Trading Symbol Mission Produce, Inc. [AVO]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) (First) (Middle) C/O MISSION PRODUCE, INC. 2710 CAMINO DEL SOL				3. Date of Earliest Transaction (Month/Day/Year) 04/13/2022									belov		Other (s below)			
(Street) OXNARD CA 93			3030	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person Output Description:						
(City) (State) (Zip)																		
		Table	I - Non-Deriva	tive	Secu	urities	Acqu	uired	, Dis	pose	d of, c	or B	enefi	icially Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any (Month/Day/Ye		Date,	3. Transa Code 8)		4. Securities Acqu Disposed Of (D) (I and 5)			Instr. 3, 4		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V	Amo		(A) or (D)	Pric	e (Transaction(s) (Instr. 3 and 4)				
COMMON STOCK 04/1				_			A	_	8,1	24(1)	A	\$	50	407,674	D			
COMMON STOCK														9,525,348	I	BY TAYLOR FAMILY INVESTMENTS LLC ⁽²⁾		
		Tal	ole II - Derivati (e.g., pu												d			
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. Transaction Code (Instr. 8)		of	rative rities pired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exerci:	sable	Expira Date		itle	Amour or Number of Shares	er				
	nd Address of Bruce C.	f Reporting Person*																
		(First) DDUCE, INC. L SOL	(Middle)															
(Street) OXNARD		CA	93030		-													
(City)		(State)	(Zip)															
		Reporting Person*	<u>LC</u>															
(Last) C/O MISSION PRO 2710 CAMINO DE			(Middle)															
(Street)	aD	CA	93030		-													

Explanation of Responses:

(State)

(Zip)

(City)

RSUs vest in full on the earlier to occur of (i) the one-year anniversary of the applicable grant date and (ii) the date of the next Annual Meeting following the grant date, subject to the Reporting Person's continued service through the vesting date.

2. The shares are held by Taylor Family Investments LLC, a 10% owner, and as to which Mr. Taylor has sole voting and dispositive power, but disclaims beneficial ownership except to the extent of his pecuniary interest therein. Taylor Family Investment LLC is not deemed to own the shares held by Mr. Taylor.

Remarks:

/s/ Joanne Wu, Attorney-in-Fact for Bruce C. Taylor
/s/ Joanne Wu, Attorney-in-Fact for Taylor Family
Investments, LLC

04/14/2022

** Signature of Reporting Person

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.