FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

the affirma	ative defense co -1(c). See Instr	onditions of																			
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Mission Produce, Inc. [AVO]											5. Relationship of Reporting Person(s) to Issuer				
Pack Jay A																	(Check all applicable) Director 10% Owner				wner
						3. Date of Earliest Transaction (Month/Day/Year)										Officer (give title				Other (specify	
(Last) (First) (Middle)					09	09/17/2024												below)		below)	
C/O MISSION PRODUCE, INC.					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)				
2710 CAMINO DEL SOL						09/18/2024										Form filed by One Reporting Person					
(Street)					L													Form fi	led by More tha	n One Repo	rting Person
OXNARD CA 93030																					
(City) (State) (Zip)																					
		Tab	le I - I	Non-Deri	vati	ve S	Secur	ities	Acqı	uire	ed,	Dis	posed o	of, or	Ben	efici	ially	Owned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes					2A. Deemed Execution Date, if any (Month/Day/Yea		Date,	3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	,	v	Am	ount	(A) or (D)	Pric	e e		orted saction(s) r. 3 and 4)			
COMMON STOCK																		384,823	D		
COMMON STOCK																		123,136	I	1.	ACK AS FEE TO P 2018
COMMON STOCK														123,136		I	TRUS'	JAY PACK AS TRUSTEE TO THE RP 2018 GRAT			
COMMON STOCK																	1	,074,325	I	PFP INVES LTD ⁽¹⁾	STMENTS,
		Т	able I	I - Deriva (e.g., p									sed of, onvertil					wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any			ansaction ode (Instr.		. Numb f Deriva ecuritie cquire or Dispo f (D) (Ir , 4 and	es (Month/losed estr.			Exercisable and on Date Day/Year)		of Sound Und Deri	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
																Amo	unt		(Instr. 4)		

Explanation of Responses:

1. Power to vote and dispose of the shares held by PFP Investments, Ltd. is shared with the reporting person's spouse.

Remarks:

This Amended Form 4 is filed to correct the holdings reported for the Jay Pack As Trustee to the RP 2018 GRAT on the Form 4s filed by Reporting Person on September 18, 2024 and September 20, 2024.

(A) (D) Date Exercisable

/s/ Joanne C. Wu, Attorney-in-Fact for Jay A. Pack

Number of Shares

Title

11/07/2024 ** Signature of Reporting Person Date

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.