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Honig Barry Form 4 February 14 February 14 FORN Check th if no long subject to Section 1 Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	, 2012 I 4 UNITER is box ger o STATE Section 17	MENT O ursuant to 7(a) of the	Was F CHAN Section 1 Public U	shington, GES IN SECUR 6(a) of th tility Hole	, D.C. 205 BENEFIC RITIES ne Securitie	49 CIAL es Exc pany 2	change Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
1. Name and Address of Reporting Person <u>*</u> Honig Barry C			2. Issuer Name and Ticker or Trading Symbol ChromaDex Corp. [CDXC.OB]					5. Relationship of Reporting Person(s) to Issuer			
(Last) 595 SOUTH HIGHWAY	3. Date of Earliest Transaction (Month/Day/Year) 02/10/2012					(Check all applicable) <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Officer (give title</u> <u>below</u>) <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u>					
				ndment, Da nth/Day/Year	ate Original r)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)	Takl	a I. Nom I				Person	Dan official	lu Orun ed	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	te 2A. Deer Execution any		3. Transactic Code	A. Securitie 4. Securitie on(A) or Disp (Instr. 3, 4) Amount	es Acqu oosed c	uired of (D)	iired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common Stock	02/10/2012			Р	333,333	А	\$ 0.75	3,850,072	D		
Common Stock								3,177,860	I <u>(1)</u>	See Footnote 1.	

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

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi	unt of rlying	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Honig Barry C 595 SOUTH FEDERAL HIGHWAY SUITE 600 BOCA RATON, FL 33432

Signatures

/s/ Barry C. 02/14/2012 Honig

<u>**</u>Signature of Reporting Person Date

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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).

Indirect ownership includes (i) 230,000 Shares owned by GRQ Consultants, Inc. Defined Benefits Plan for the benefit of the Reporting Person; (ii) 844,289 Shares owned by GRQ Consultants, Inc. 401K of which the Reporting Person is the beneficiary; and (iii) 2,103,571

(1) Terson, (ii) 844,289 Shales owned by OKQ Consultants, inc. 401K of which the Reporting Person is the beneficiary, and (iii) 2,103,371
 Shares owned by GRQ Consultants Inc Roth 401K FBO Renee Honig, the Reporting Person's spouse, of which the Reporting Person has voting and investment power and disclaims beneficial ownership.

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.