FROST PHILLIP MD ET AL

Form 4 June 21, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB

Washington, D.C. 20549

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL			2. Issuer Name and Ticker or Trading Symbol Characa Day Court ICDVC OD1					5. Relationship of Reporting Person(s) to Issuer				
(Last) 4400 BISO	(First) (Middle)	ChromaDex Corp. [CDXC.OB] 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2012					(Check all applicable) Director 10% Owner Officer (give title Other (specify				
MIAMI, F	(Street)		4. If Am		Oate Original ear)			6. Individual or Applicable Line) Form filed by _X_ Form filed by Person	One Reporting	Person		
(City)	(State)	(Zip)	Tal	ole I - Non	-Derivative S	Securi	ties Acq	uired, Disposed	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Executio		Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	06/20/2012			Р	600,000	A	\$ 0.65	15,252,937	I	Frost Gamma Investments Trust (1)		
Reminder: Ro	eport on a separate lin	e for each cl	ass of sec	curities ben	Persor	ns wh	o resp	indirectly. ond to the colle		SEC 1474		

required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year) Execution Date, if		Transacti	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. 3 and 4)	and 4)		Own
	Security									Follo	
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨	mount		
								01			
						Date Exercisable	Expiration Date		umber		
								of			
				Code V	(A) (D)				hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

FROST PHILLIP MD ET AL 4400 BISCAYNE BLVD **MIAMI, FL 33137**

Frost Gamma Investments Trust 4400 BISCAYNE BLVD **MIAMI, FL 33137**

X

Signatures

/s/ Phillip Frost, M.D., Individually and as Trustee of Frost Gamma Investments Trust

06/21/2012

**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).

These securities are held by Frost Gamma Investments Trust, of which the Reporting Person is the trustee and Frost Gamma Limited Partnership is the sole and exclusive beneficiary. The Reporting Person is one of two limited partners of Frost Gamma, L. P. The general partner of Frost Gamma, L.P. is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation. The Reporting Person is also the sole shareholder of Frost-Nevada Corporation.

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.

Reporting Owners 2