ChromaDex Corp. Form 4 March 21, 2017

FORM 4

Check this box

if no longer

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or Form 5 obligations

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

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

03/20/2017

(Print or Type Responses)

may continue.

See Instruction

| 1. Name and Address of Reporting Person * Allen Stephen R. | | | 2. Issuer Name and Ticker or Trading Symbol ChromaDex Corp. [CDXC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|---|-------------|--|-------------|------------|---------|----------|--|-------------------|--------------|--|
| | | | | | | | | | | | |
| | | | (Month/D | ay/Year) | | | | Director | | Owner | |
| 10005 MUIRLANDS | | | 03/20/2017 | | | | | | | er (specify | |
| BOULEVA | RD, SUITE G | | | | | | | below) | below) | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | . 02610 | | Filed(Mon | th/Day/Year |) | | | Applicable Line) _X_ Form filed by Form filed by | One Reporting Pe | | |
| IRVINE, CA | A 92618 | | | | | | | Person | | 8 | |
| (City) | (State) (Zip) Table I - Non-Derivative Securities | | | | | | ties Acc | quired, Disposed | of, or Beneficial | lly Owned | |
| 1.Title of | 2. Transaction Da | ate 2A. Dec | emed | 3. | 4. Securi | ties Ac | quired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | urity (Month/Day/Year) Execut | | on Date, if Transaction(A) or Dispo | | | sposed | d of | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | | Code | (D) | | | Beneficially | (D) or | Beneficial | |
| | | (Month | /Day/Year) | (Instr. 8) | (Instr. 3, | 4 and | 5) | Owned | Indirect (I) | Ownership | |
| | | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported | | | |
| | | | | | | or | | Transaction(s) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |

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

P

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D

2,000

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

2,000

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|-----------------|--------------------|-----------|------------|-------------|----------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orNumber | Expiration Date | | Amount of | Derivative | Deriv | |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | • | | Securities | 3 | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | (2.11541 |
| | | | | | 4, and 5) | | | | | | |
| | | | | | i, and 3) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | Expiration Date | Title 1 | or | | |
| | | | | | | | | | Number | | |
| | | | | | | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Allen Stephen R. 10005 MUIRLANDS BOULEVARD, SUITE G IRVINE, CA 92618

Signatures

/s/ Stephen R. 03/21/2017 Allen

**Signature of Date Reporting Person

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.

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