FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| hours nor resnance: | 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

| Name and Address of Reporting Person* Tobin Robert | | | | | | 2. Issuer Name and Ticker or Trading Symbol LANDEC CORP \CA\ [LNDC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--------------------|----------|--------------------------------------|--------------|---|-------------------------------|---|-------------------|------|--------------------|----------------------------|-----------------------------------|---|---|----------------|--|---|---------|--|
| 1001111 | tobert | | | | 1 | | | | | | | | | X | Directo | or | | 10% Ov | vner | |
| (Last) | ` | irst) RPORATION | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2005 | | | | | | | | | Officer (give title below) | | | Other (s below) | specify | |
| 3603 HAVEN AVENUE | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MENLO | PARK C. | A | 94025 | | | | | | | | | | X | Form f | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/D. | | | | | Execution Da | | Date | Code (| | | | | 4 and Securiti Benefic | | s ally following | Form (D) or | 5. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Pric | се | Transact (Instr. 3 a | tion(s) | | | (50. 4) | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | | ve es ed ed nstr. | Expiration Date of Secu (Month/Day/Year) Underly Derivati | | | | f Securities Inderlying | | 3. 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) | Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | oer | | | | | | |
| Stock Option (Right to Buy) | \$6.85 | 10/14/2005 | | | A | | 10,000 | | 10/14/200 | 05 1 | 10/15/2015 | Common Stock | 10,0 | 00 | \$6.85 | 30,000 |) | D | | |

Explanation of Responses:

/s/ Stacia Leigh Skinner by power of attorney

10/17/2005

** 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.