FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| obligations may continue. See Instruction 1(b). | | | | | | uant | t to Secti | on 16(a) | of the Se | ecuriti | es Exchan | 34 | | ho | urs per | response: | 0.5 | | | |
|---|---|----------|------------------|------------|------------------|---|---|----------|--------------------------------------|---|---------------------|-------|---|----------------------|---|--|---|---|--|--|
| | | | | | | | | | | | npany Act | | | | | | | | | |
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol LANDEC CORP \CA\ [LNDC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| TOMPKINS NICHOLAS | | | | | | LANDEC CORP (CA) [LNDC] | | | | | | | | | X Dire | . , | | 10% C | wner | |
| | | | | | | | | | | | | | | \dashv | X Office below | cer (give tit | ve title Other below | | (specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/22/2005 | | | | | | | | | | , | ecutiv | ve Officer | | |
| C/O LANDEC CORPORATION | | | | | | | | | | | | | | | | | | | | |
| 3603 HAVEN AVENUE | | | | | . 4 1 | 4 If Amondment, Date of Original Filed (Month/Dev/Veer) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | 4. " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | | | | | |
| MENLO I | PARK C | A S | 94025 | | | | | | | | | | | | | • | d by One Reporting Person | | | |
| - | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (\$ | State) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curitie | es Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa: Date (Month/D | | | | | ay/Year) Executi | | A. Deemed kecution Date, any lonth/Day/Year) | Code (| Transaction Disposed Code (Instr. 5) | | | | | nd Secur Benet | icially d Followin | Fo (D) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | action(s) 3 and 4) | | | (IIISU: 4) | |
| Common S | Common Stock | | | 07/22/2005 | | | | S | S | 375(1) | | D | \$6. | 75 7 | 799,625 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 600 | | I | Held by minor children | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | y Owned | l | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | | Execution if any | if any | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | tle and ount of urities erlying vative urity (In 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | | | Date Exercisal | Date E Exercisable D | | Title | or Nui of | ount mber ires | | | | | | |

Explanation of Responses:

1. All shares reported sold on this form 4 were sold pursuant to a 10b5-1 trading program.

/s/ Stacia Leigh Skinner by power of attorney

07/28/2005

** 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.