FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ON | /IB / | APPROVAL |
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| | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 01 | OCCI | 011 30(11) | or tire | IIIVCStilici | it Coi | iipaily Act | 01 1340 | | | | | | | | | |
|--|---|------------|------------|------------------|--|--|---|---------|---|--------|-------------------|--|-----------------------------------|---|--|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person* SKINNER GREGORY S | | | | | | 2. Issuer Name and Ticker or Trading Symbol LANDEC CORP \CA\ [LNDC] | | | | | | | | | k all appli Directo | cable) | ng Person(s) to Issu 10% Ow Other (s _i below) ad Admin & CF(| | vner | | |
| (Last) (First) (Middle) C/O LANDEC CORPORATION 3603 HAVEN AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/27/2006 | | | | | | | | | below) | | | | | | |
| (Street) MENLO PARK CA 94025 | | | | | _ 4. Ii | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| State) | (Zip) | | | | | | | Dis | | D | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran | | | | 2. Trans Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | red (A) o | or 5. Amou 1 and Securiti Benefic | | nt of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | :e | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | | |
| Common Stock | | | | 09/27 | 7/2006 | | | | М | | 2,500 |) A | \$6 | .625 | 3, | 798 | 1 8 | | Held by Wife | | |
| Common Stock | | | | 09/27 | 7/2006 | | | | М | | 5,000 |) A | \$7 | 7.625 8, | | 798 | | | Held by Wife | | |
| Common | Stock | | | | | | | | | | | | | | 35 | ,772 | | D | | | |
| | | | Table II - | | | | | | uired, D s, optior | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution | Date, | 4. Transaction Code (Instr 8) | | 5. Number n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | S (I | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration vate | Title | Amou or Numb of Share | er | | | | | | | |
| Incentive Stock Option (Right to Buy) | \$6.625 | 09/27/2006 | | | М | | 2,500 | | 02/07/199 | 17 0 | 1/07/2007 | Common Stock | 2,50 | 0 | \$6.625 | 0 | | I | Held by Wife | | |
| Incentive Stock Option (Right to | \$7.625 | 09/27/2006 | | | M | | 5,000 | | 02/07/199 | 17 0 | 1/07/2007 | Common Stock | 5,00 | 0 | \$7.625 | 0 | | I | Held by Wife | | |

Explanation of Responses:

/s/ Stacia Leigh Skinner by Power of Attorney

09/28/2006

** 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.