FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT (OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	UMB APPRO	JVAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
	hours per response:	0.5				

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

Name and Address of Reporting Person* Knauf Vic C.						2. Issuer Name and Ticker or Trading Symbol Arcadia Biosciences, Inc. [RKDA]								neck all applic	onship of Reporting II applicable) Director Officer (give title		10% Ov	vner
(Last) (First) (Middle) C/O ARCADIA BIOSCIENCES, INC. 202 COUSTEAU PLACE, SUITE 105					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015								X Officer (give title Other (specify below) Chief Scientific Officer					
(Street) DAVIS CA 95618 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transi Date				action				Code (Instr. 5)				ed (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) oi (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			05/2	0/2015	/2015		С		7,812	7,812 A		7,8	7,812		D		
Common Stock 05/3			05/2	0/2015	/2015		С		3,189 A		(2)	11,	11,001		D			
		Т									sed of, onvertil			Owned			,	
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year) if a		3A. Deeme Execution if any (Month/Da	Date,	Transaction Code (Instr. 8) S		of E		6. Date Exercisable a Expiration Date (Month/Day/Year)		е	and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ily i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares	1				
Series A Convertible Preferred Stock	(1)	05/20/2015			С			31,250	(1)		(1)	Common Stock	7,812	\$0.00	0		D	
Series D Convertible Preferred	(2)	05/20/2015			С			3,268	(2)	T	(2)	Common Stock	3,189	\$0.00	0		D	

Explanation of Responses:

- 1. The Series A Convertible Preferred Stock converted into the Issuer's common stock at a conversion ratio of one share of common stock for every four shares of preferred stock upon the closing of the Issuer's initial public offering of common stock, and had no expiration date. This conversion ratio reflected an adjustment due to the Issuer's 1-for-4 reverse stock split effected on May 8, 2015.
- 2. The Series D Convertible Preferred Stock converted into the Issuer's common stock at a conversion ratio of one share of common stock for approximately every 1.0245 shares of preferred stock upon the closing of the Issuer's initial public offering of common stock, and had no expiration date. This conversion ratio reflected an adjustment due to the Issuer's 1-for-4 reverse stock split effected on May 8, 2015.

Remarks:

/s/ Thomas P. O' Neil, as Attorney-in-Fact for Vic C.

05/21/2015

Knauf

** 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.