#### FROST PHILLIP MD ET AL

Form 4

August 25, 2011

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * FROST PHILLIP MD ET AL		2. Issuer Name <b>and</b> Ticker or Trading Symbol ChromaDex Corp. [CDXC.OB]						5. Relationship of Reporting Person(s) to Issuer			
(Last) 4400 BISO	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/23/2011				(Check all applicable)  Director 10% Owner Officer (give title Other (specify below)				
MIAMI, F	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Ta	ble I - N	lon-	-Derivative S	ecuriti		iired, Disposed o	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transa Code (Instr.	8)	4. Securities our Disposed (Instr. 3, 4 and Amount	of (D)	red (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/23/2011			X		6,750,002	A	\$ 0.21	14,325,004	I	Frost Gamma Investments Trust (1)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitic (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Common Stock Purchase Warrant (right to buy)	\$ 0.21	08/23/2011		X		6,750,002	05/21/2010	05/20/2013	Common Stock	6,75

## **Reporting Owners**

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

FROST PHILLIP MD ET AL 4400 BISCAYNE BLVD MIAMI, FL 33137

Frost Gamma Investments Trust 4400 BISCAYNE BLVD

X

**MIAMI, FL 33137** 

# **Signatures**

/s/ Phillip Frost, M.D., Individually and as Trustee of Frost Gamma Investments Trust

08/25/2011

\*\*Signature of Reporting Person

Date

### **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).

Securities held by Frost Gamma Investments Trust of which the Reporting Person is the Trustee and Frost Gamma Limited Partnership ("FGLP") is the sole and exclusive beneficiary. The Reporting Person is one of two limited partners of FGLP. The general partner of FGLP is Frost Gamma, Inc. ("FGI"), and the sole shareholder of FGI is Frost-Nevada Corporation ("FNC"). The Reporting Person is also the sole shareholder of FNC.

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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