FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
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| | OMB APPROVAL | | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average bu | urden | | | | | | | | |
| - | 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

| 1. Name and Address of Reporting Person* Koschak William (Last) (First) (Middle) 2800 MOUNT RIDGE ROAD (Street) ROSEVILLE MN 55113 | | | | | 3. I 03 - 4. I | 2. Issuer Name and Ticker or Trading Symbol Calyxt, Inc. [CLXT] 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/18/2021 | | | | | | | | 6. Inc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|--|---|--|---|--------|----------------------|---|---------|---|--|--------|---|------------------------|------------------------------------|---|--|--|----------------|--|---------------------------------------|--|
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tal | ole I - Nor | n-Deri | vativ | e Se | curitie | s Ac | quired, | Dis | posed o | f, or E | Bene | ficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | Code (| 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | Transact | Transaction(s) (Instr. 3 and 4) | | | insu. 4) | | |
| Common Stock 03/1 | | | | 2/202 | 2/2021 | | A | | 18,000 ⁽¹⁾ A | | \$0 | 18,000 | | | D | | | | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | ate, | Code (Ins | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | of Securi Underlyi | | urities lying itive Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | 0 N 0 | lumber | | | | | | |
| Stock Option (Right-to- Buy) | \$8.05 | 03/12/2021 | | | A | | 26,000 | | 03/12/2022 | (2) | 03/12/2031 | Comm | | 26,000 | \$0 | 26,00 | 0 | D | | |

Explanation of Responses:

- 1. The Restricted Stock Units reported on this Form 4 vest as to 1/3 of the shares on each of the first three anniversaries of the date of the grant.
- 2. Option vests as to 1/3 of the shares on each of the first three anniversaries of the date of the grant.

Debra Frimerman, Attorney-in-04/02/2021 Fact for William Koschak

** 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.