FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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*  Carr Michael A.	2. Date of E Requiring S (Month/Day 07/27/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Calyxt, Inc. [ CLXT ]				
(Last) (First) (Middle) 2800 MOUNT RIDGE ROAD  (Street) ROSEVILLE MN 55113  (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable)  X Director  X Officer (give title below)  President and	10% C Other below)	Owner (specify	5. 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	
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	3. Own Form: I (D) or I (I) (Inst	Direct Ov	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			0	I	)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

Suzette McNally,

07/28/2021 Attorney-in-Fact for

Michael A. Carr

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.