

ChromaDex Corp.  
Form 3  
March 10, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Rhonemus Troy Allen		(Month/Day/Year)	ChromaDex Corp. [CDXC.OB]	
(Last)	(First)	(Middle)	03/06/2014	
10005 MUIRLANDS BLVD.		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
SUITE G				
(Street)		(Check all applicable)		
IRVINE,Â CAÂ 92618		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Operating Officer		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Employee Stock Options (right to buy)	01/25/2014 <sup>(1)</sup>	01/25/2023	Common Stock	200,000	\$ 0.63	D	Â
Employee Stock Options (right to buy)	01/25/2014 <sup>(2)</sup>	01/25/2023	Common Stock	200,000	\$ 0.63	D	Â
Employee Stock Options (right to buy)	02/21/2015 <sup>(3)</sup>	02/21/2024	Common Stock	250,000	\$ 1.75	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Rhonemus Troy Allen 10005 MUIRLANDS BLVD. SUITE G IRVINE, CA 92618	Â	Â	Â Chief Operating Officer	Â

## Signatures

/s/ Troy Rhonemus  
03/10/2014

\*\*Signature of Reporting Person                      Date

## Explanation of Responses:

- \* 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).
- (1) 1/4th of the options vested on January 25, 2014 with the remainder vesting 1/36th per month over the three years thereafter. Options will be fully vested as of January 25, 2017.
  - (2) 1/4th of the options vest on January 25, 2014 with the remainder vesting 1/36th per month over the three years thereafter. However, in addition, the exercisability of these options is subject to achievement of certain goals.
  - (3) 1/3rd of the options will vest on February 21, 2015 with the remainder vesting 1/24th per month over the two years thereafter. Options will be fully vested as of February 21, 2017.

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.