Nutrastar International Inc.

Form 4

November 25, 2014

FORM 4 INITED STATES SECURITIES AND EVOLANCE COMMISSION								OMB APPROVAL			
	UNITEL) STATES			AND EXCHANGE (, D.C. 20549	COMMISSION	OMB Number:	3235-	0287		
Check the if no long	rer	MENT O	E CHAN	CEC IN	Expires:		January 31, 2005				
subject to Section 1 Form 4 o	6.	MENT O	r Chan	SECUR	burden hou	Estimated average burden hours per response (
Form 5	·										
may cont	obligations may continue. See Instruction See Instruction See Instruction See Instruction Only 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
See Instru 1(b).	action	30(II)	or the m	vesimeni	Company Act of 19	40					
(Print or Type F	Responses)										
1. Name and A Fearon Rich	g Person *	_,			5. Relationship of Issuer	5. Relationship of Reporting Person(s) to Issuer					
			Nutrasta	ar Interna	tional Inc. [NUIN]	(Chec	k all applicable	e)			
(Last)	(First)	(Middle)		Earliest Ti	ransaction	·					
16 WALL S	FLOOR	(Month/D 11/21/2	•		X Director X 10% Owner Officer (give title Other (specify below)						
	(Street)				ate Original	6. Individual or Jo	int/Group Fili	ng(Check			
			Filed(Mor	nth/Day/Year	r)	Applicable Line) _X_ Form filed by C	ne Reporting Po	erson			
MADISON,	CT 06443					Form filed by M Person	1 0				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acc	quired, Disposed of	, or Beneficia	lly Owned	İ		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	e) Execution any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature Indirect Beneficia	ıl		

` •		1 abic	e I - Non-D	erivative S	ecurii	ues Acq	uirea, Disposea o	i, or Beneficia	ny Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership
			Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, par value \$0.001 per share							93,600	D	
Common Stock, par value \$0.001 per share	11/21/2014		P	10,000	A	\$ 1.65	1,600,856	I	Held by Accretive Capital Partners, LLC (1)

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

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SEC 1474 (9-02)

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

1. Title o		3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivativ Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transacti Code (Instr. 8)	ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	.		Amoun Underly Securit (Instr. 2	ying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title 1	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Fearon Richard E. Jr. 16 WALL STREET, 2ND FLOOR MADISON, CT 06443	X	X						

Signatures

Person

/s/ Richard E.
Fearon, Jr.

**Signature of Reporting 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).
- (1) The Reporting Person is the managing partner of Accretive Capital Management, LLC, which is the manager of Accretive Capital Partners, LLC, and has sole voting and investment power over the securities held by Accretive Capital Partners, LLC.

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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