	UNITE	D STATES SECURITIES AND EXC	HANGE	OMB APPROVAL		
FORM 4		COMMISSION		OMB	3235-	
Check this box if no	1	Washington, D.C. 20549		Number:	0287	
longer subject to	STATEMENT	OF CHANGES IN BENEFICIAL O		Expires: I	November 30, 2011	
or Form 5 obligations may	STATEMENT	SECURITIES		Estimated average burden hours per		
continue. See		response	•			
Instruction 1(b).	1934, Section	t to Section 16(a) of the Securities E n 17(a) of the Public Utility Holding C tion 30(h) of the Investment Compa-	company Act of			
(Print or Type Responses	3)					
1. Name and Address of	Reporting	2. Issuer Name and Ticker or Trading	5. Relationship o	f Reporting	g Person(s) to	
Person – ALICO INC		Symbol ALICO INC [alco]	lssuer (Check X Director	all applica	ble) % Owner	
(Last) (First) 640 SOUTH MAIN S	(Middle) TREET. P O	3. Date of Earliest Transaction (Month/Day/Year)	X Officer (give tit below)	leOt below)	ther (specify	
DOX 220	, -	11/00/0000	Pres	dent & CO	0	

P	BOX 338		11/26/2003						Flesident & COO			
		(Street) , FL 33975	(7)	Filed(Md	endment, onth/Day/Ye	ar)	5		Ar _>	Individual or Jo plicable Line) Form filed by One Form filed by More	Reporting Pers than One Rep	on orting Person
	(City)	(State)	(Zip)	Tabl	e I - Non-	Dei	rivative S	Secu	rities Acq Owne	uired, Disposed d	d of, or Ben	eficially
:	Security	Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code			ispo	sed of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	Beneficial Ownership
					Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
1	Alico, Inc. Common Stock	11/26/2003	11/26/20	03	М		1,100	A	\$ 14.62	7,920	D	
1	Alico, Inc. Common Stock	11/26/2003	11/26/20	03	Μ		1,100	D	\$ 35.2498	6,820	D	

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

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. SEC 1474 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

		(<i>e.g.</i> , puts,	calls, warrants, or	otions, co	nve	ertible s	ecuritie	es)							
Derivative Security	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ion	5. Num Derivat Securit Acquire or Disp of (D) (Instr. 3 and 5)	tive ies ed (A) osed	6. Date Exerc Expiration Da (Month/Day/Y	te 'ear)	7. Title and of Underlyi Securities (Instr. 3 and	ng	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)			Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Option for Common Stock	\$ 14.62	11/26/2003	11/26/2003	Μ		1,100		08/31/2000	08/31/2010	Common Stock	1,100	\$ 0	7,920	D	
Option for Common Stock	\$ 14.62	11/26/2003	11/26/2003	М			1,100	08/31/2000	08/31/2010	Common Stock	1,100	\$0	6,820	D	

Reporting Owners

Barrantian Orman Nama (Adda a	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
ALICO INC 640 SOUTH MAIN STREET P O BOX 338 LA BELLE, FL 33975	х		President & COO					

Signatures

W. Bernard Lester	11/26/2003
-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).

Remarks:

The reporting person received these options under the "Stock Option Incentive Equity Plan" and did not pay any monetary value for the derivative securities; the price is stated in Column 2.

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.