FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL							
OMB	3235-						
Number:	0287						
Expires: N	ovember 30,						
•	2011						
Estimated average							
burden hours per							
response	0.5						

Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF or Form 5 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 Person – ALICO INC	Li loca ci i la li ci ci ci i la ding						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 640 SOUTH BOX 338	3. Date of Earliest Transaction (Month/Day/Year) 11/26/2003						X Officer (give title below) CHAIRMAN OF THE BOARD AND CEO				
LA BELLE,	4. If Amendment, Date 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				
(City)	(State)	Table	I - Non-Do	eriv	ative Se	curi	ities Ac Own	cquired, Disposed of, or Beneficially ned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any	n Date, if	Code	ion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	ties Ownership cially Form:	
				Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Alico, Inc. Common Stock	11/25/2003	11/25/2	2003	S		500	D	\$ 35.50	41,949	D	
Alico, Inc. Common Stock	11/26/2003	11/26/2	2003	S		750	D	\$ 35.60	41,199	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Num	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of (Month/Day/Year) l		Underlying Security		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	erivative		Securities (Instr.		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Secu	rities	(In:		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o								or Indirect	
							osed						Transaction(s)	• /	
						of (D	·				(Instr. 4)	(Instr. 4)			
						(Instr									
				-		4, an	d 5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
									Duit		of				
				Code	۷	(A)	(D)				Shares				

Reporting Owners

Departing Owner Name / Address	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		CHAIRMAN OF THE BOARD AND CEO						

Signatures

Ben Hill Griffin, III General Partnership	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).

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.