# FORM 4

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

Washington, D.C. 20549

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

#### Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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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 Ty  | pe Respons                    | es)                 |            |                    |                                      |   |  |  |                      |  |   |  |                                      |  |  |  |
|---|-------------------------------|---------------------|------------|--------------------|--------------------------------------|---|--|--|----------------------|--|---|--|--------------------------------------|--|--|--|
| 1. Name and Address of Reporting Person -  MUTZ GREGORY T  2. Issuer Name and Symbol ALICO INC [alco]   |                               |                     |            |                    | Ticker or                            | Trac  | 9  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |                      |  |   |  |                                      |  |  |  |
| (Last) (First) (Middle) C/O BALDWIN & LYONS (Month/Day/Year) INC, 1099 NORTH MERIDIAN 03/14/2007 STREET |                               |                     |            | Trar               | nsaction                             |   | į  | _X_ Director10% Owner Officer (give title below) Other (specify below)   |                      |  |   |  |                                      |  |  |  |
| (Street) 4. If Amendment, Da Filed(Month/Day/Year)  |                               |                     |            |                    | Origina                              | l   |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |                      |  |   |  |                                      |  |  |  |
| (City) (State) (Zip) Table I - Non-Der  |                               |                     |            |                    | eriv                                 | vative Securities Acquired, Disposed of, or Owned |  |  |                      | Beneficially   |   |  |                                      |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transa<br>Date<br>(Month/D | action<br>Day/Year) |            |                    | 3.<br>Transact<br>Code<br>(Instr. 8) | ion   | 4. Secu<br>Acquire<br>Dispose<br>(Instr. 3,  | d (A)<br>ed of<br>, 4 aı<br>(A)<br>or  | ) or<br>(D)<br>nd 5) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 3 and 4 | Form:<br>Direct<br>or Ind<br>(I)<br>(Instr. | Ownersl<br>irect (Instr. 4)                                  | ct<br>al                             |  |  |  |
| Alico, Inc<br>Commor<br>Stock, Pa<br>Value<br>\$1.00  | ı İ                           | 007                 | 03/14/2    | 007                | А                                    |   | 912  | Α  | \$<br>48.93          | 13,410   | D   |  |                                      |  |  |  |
|   | : Report on a<br>y owned dire |                     |            | ach class          | of securi                            | ties  |  |  |                      |  |   |  |                                      |  |  |  |
|   |                               |                     |            |                    |                                      | in<br>re  | formati<br>equired   | on c<br>to re  | ontaine<br>spond     | ed to the collect<br>d in this form<br>unless the for<br>control numb  | are not<br>m display                        | SEC 14<br>(9-0<br><b>/s a</b>                                |                                      |  |  |  |
|   | 1                             |                     |            |                    |                                      |   |  |  | -                    | neficially Ow  | ned   |  |                                      |  |  |  |
| 1 Title of  | lo.                           |                     | e.g., puts |                    |                                      | •   | ons, con   | vert<br>5.   | ible sed             | 1 '  | oigoblo.                                    | 7. Title and   | O Dring of                           | 0 Number of  | 10   | 11 Notur   |
| 1. Title of Derivative Conversion Security (Instr. 3) Price of Derivative Security                      |                               |                     |            | Execution Date, if |                                      | Tra<br>Co   | Transaction N<br>Code (Instr. 8) [<br>(Instr. 8) [ |  |                      |  |   | Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4) | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|   |                               |                     |            |                    |                                      | С   | ode V  | , (A   | A) (D)               | Date<br>Exercisable  | Expiration<br>Date                          | Amount<br>or<br>Title Number<br>of<br>Shares                 |                                      |  |  |  |

## **Reporting Owners**

| Barrantin in Original Name / Addison  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |  |
| MUTZ GREGORY T<br>C/O BALDWIN & LYONS INC<br>1099 NORTH MERIDIAN STREET<br>INDIANAPOLIS. IN 46204 | Х             |           |         |       |  |  |  |

### **Signatures**

| Gregory T. Mutz                | 03/14/2007 |
|--------------------------------|------------|
| -Signature of Reporting Person | Date       |

### **Explanation of Responses:**

- $^{\star}$   $\,$  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.