FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB 0287 Number: Expires: November 30, 2011 Estimated average burden hours per

OMB APPROVAL

longer subject to Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF or Form 5 obligations may continue. See Instruction 1(b).

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

SECURITIES

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person *- S				Issuer Name and Ticker or Trading Symbol ALICO INC [alco]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1301 NE 103RD STREET				3. Date of Earliest Transaction (Month/Day/Year) 09/18/2007						Officer (give title pelow)	below)	Other (specify			
(Street) 4. If Amendmen Filed(Month/Day/Y										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)		(Zip)	Table	I - Non-D	eriv	ative Se	curi	ities Ac Own	quired, Disposed	d of, or I	Beneficially			
1.Title of Security (Instr. 3)	Security Date Execut (Instr. 3) (Month/Day/Year) any		any	med 3. Transacti Code Day/Year) (Instr. 8)		tion	4. Secur Acquired Dispose (Instr. 3,	d (A)	or (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Natur of Indire Benefic D) Owners	ect ial		
					Code	V	Amount	(A) or (D)		Following Reported Transaction(s) (Instr. 3 and 4)	or Indir (I) (Instr. 4	ect (Instr. 4))		
Alico, Inc Common Stock, Pa Value \$1.00	וֹ	007	09/18/2	007	Α		389	Α	\$ 51.15	2,886	D				
Reminder	: Report on a y owned dire			ach class	of securi	F	ersons v	on c	ontaine	d to the collection	e not	,	474 -02)		
	Т	able II - [Derivative	Securiti	es Acqui	c	urrently	vali	d OMB	unless the form control number. neficially Owned		s a			
		(<i>e.g.</i> , puts	, calls, wa	arrants, c	pti		vert		urities)			la p	10.11	1
	. Title of 2. 3. Transaction Date		3A. Dee		4. Tr	ransaction No		ımber			7. Title and Amount of		9. Number of Derivative	10. Ownership	

		(0.9., puto	oune, name,	Pt. 0. 10, 00		· · · · · ·	• • • •	u							
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	Derivative Conversion Date		Execution Date, if	if Transaction		Number		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	Security or Exercise (Month/Day/Year)		any	Code		of		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	(Instr. 3) Price of		(Month/Day/Year)	(Instr. 8)		Derivative				Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Securities		(1		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)							(Instr. 4)	(Instr. 4)	
					(Instr. 3,										
						4, an	d 5)								
											Amount				
								Data	Cunivation		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Departing Owner Name / Address		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
D An Evelyn										
1301 NE 103RD STREET	Х									
MIAMI SHORES, FL 33138										

Signatures

Evelyn D'An	09/19/2007
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.