

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF	F
SECURITIES	

OMB	APPROVAL
OMB	3235-
Number:	0104
Expires:	November 30, 2011
Estimate	d average
burden h	ours per
response	e 0.5

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 Address of Reporting Person - Ward Chris	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ALICO INC [alco]				
(Last) (First) (Middle) P.O. BOX 338	08/16/2010	Person(s) to		Ū	5. If Amendment, Date Original Filed(Month/Day/Year)	
^(Street) LABELLE, FL 33975		Director X Officer (title below)	X_ Officer (give Other		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 - No	n-Derivativ	e Securitie	es Be	neficially Owned	
1.Title of Security (Instr. 4)	2. Amount Beneficiall (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.		
Alico, Inc., Common Stock, Par \$1.00	Value 0		D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 14

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 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	and Expirati	iration Date y/Year)		and Expiration Date S Month/Day/Year)		vative Security	Conversion Ownership or Exercise Form of	Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title						

Reporting Owners

Benerting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Ward Chris P.O. BOX 338 LABELLE, FL 33975			Vice President			

Signatures

Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.