# FORM 3

(Print or Type Responses)

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

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

**OMB APPROVAL** OMB 3235-Number: 0104 Expires: November 30, 2011 Estimated average burden hours per response... 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

1. Name and Address of Reporting Person - Adams Jason  2. Date of E Requiring S (Month/Day		uiring State nth/Day/Ye	ement		3. Issuer Name <b>and</b> Ticker or Trading Symbol ALICO INC [alco]					
(Last) (First) (Mid 4700 SANTA DEL RAE AVENUE	(Middle) 04/30/201			Person(s) to (Check	all applicabl	e)	5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) FT MYERS, FL 33901				Officer (g	Director 10% Owner Officer (giveX Other title below) (specify below)  Controller			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) (Z	ip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Alico, Inc., Common Stock, Par Value \$1.00			0		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.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  Da	2. Date Exe	Date Exercisable  Expiration Date		tle and Amount urities Underlyir vative Security r. 4)	of 4. ng Convers	5. ion Ovise Fo	5. Ownership se Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivativ Security	Di or (l)	Security: Direct (D) or Indirect (I) (Instr. 5)			
Reporting Owne	rs									

Relationships

Controller

Director 10% Owner Officer Other

### **Signatures**

FT MYERS, FL 33901

Adams Jason

**Reporting Owner Name / Address** 

4700 SANTA DEL RAE AVENUE

Jason Adams	04/30/2012		
Signature of Reporting Person	Date		

## **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.