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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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

OMB A	PPROVAL
OMB	3235
Number:	028
Expires:	November 30 201
Estimated	average
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response.	0.

nses)														
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
	J. Date of Larnest Transaction				<u>b</u>	Officer (give title Other (specify below)								
				e Or	iginal		Α	applicable Line) X_ Form filed by	One Repo	orting Pers	on			
(State) (Zip) Ta	ble I - N	on-De	rivat	ive Secu	rities	Acquir	ed, Disposed	of, or l	Beneficia	ally Owne	d		
2. Transaction Date (Month/Day/Year)	Execution D any	Execution Date, if Transaction Code			Disposed of (D)		D)			Ownership of Ind Form: Benef Direct (D) Owne or Indirect (Instr.		lirect ficial ership		
10/04/2013	10/04/2013		Code A	V	Amount 729	(D)	Price \$ 41.15	11,604		D (Instr. 4	+)			
	each class of s	ecurities	benefic	Pe inf	ersons v formatic	on co	ntaine spond u	d in this forn Inless the fo	n are r orm dis	not	(
			-	- 1	•			•	i					
1. Title of Derivative Security (Instr. 3) 2.	Execution any	Execution Date, if ny					and Exp	iration Date	Amou Under Secur	int of rlying ities		Derivative Securities Beneficially Owned Following Reported	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
							Date Exercisa	Expiration ble Date	Title					
	(First) (Middle ROAD SUITE 3 Street) E, FL 32257 (State) (Zip) 2. Transaction Date (Month/Day/Year) 10/04/2013 a separate line for example of the control of the cont	Street) (Middle) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Street) (A. If A Filed (In In I	2. Issuer Nan Symbol ALICO INC (First) (Middle) (Month/Day/Y 10/04/2013 Street) 4. If Amendme Filed(Month/Day E, FL 32257 (State) 2A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) 10/04/2013 10/04/2013 10/04/2013 10/04/2013 a separate line for each class of securities Table II - Derivative Securities (e.g., puts, calls, warr and pate (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (e.g., puts, calls, warr and pate (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	Street) (State) (State) (Month/Day/Year) (A. If Amendment, Dat Filed(Month/Day/Year) (Month/Day/Year) (State) (State) (A. If Amendment, Dat Filed(Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A. 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Form filed by One Reporting Person 8. Filed/Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 10/04/2013 10/04/2013 10/04/2013 A 729 A \$ 41.15 11.604 D Transaction on Indirect Indirect (Instr. 4) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 4) Persons who respond to the collection of information contained in this form are not required to respondurales stee 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) Acquired (A) or Disposed of (D) Date (Month/Day/Year) (Mon

Reporting Owners

Panastina Osunas Nama / Addusas	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Rood John D 3030 HARTLEY ROAD SUITE 310 JACKSONVILLE, FL 32257	X						

Signatures

John D. Rood	10/07/2013
**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).

Remarks:

These shares were issued under the 2013 Incentive Equity Plan.

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.