Instruction 1(b).

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response...

> 11. Nature of Indirect Beneficial Ownership (Instr. 4)

or Indirect

(Instr. 4)

Reported

(Instr. 4)

Transaction(s) (I)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * RODRIGUEZ RAMON A | | | | 2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | |
|---|--------|--|-----------------------------------|---|--|---------|-------------------|-------------|--|---|------------------|--|-------------------|---------------------------|-----------------|-----------------------|--|---|---|--|
| (Last) (First) (Middle) 509 ROYAL PLAZA DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2014 | | | | | | Officer (give titleOther (specify below) | | | | low) | | | | | | |
| (Street) FORT LAUDERDALE, FL 33301 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 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) | | | | | | | | wned | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Execu any | Deemed attion Date, if th/Day/Year) | Code | ransaction ode | | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | sed of | Securities Beneficially Ov Following Rep | | | Form: Direct | rship o B (D) C | 7. Nature of Indirect Beneficia Ownersh | rect cial ship | | |
| | | | | | | Code | e ' | V A | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | or Indi (I) (Instr. | | Instr. | 4) | | | |
| Alico, Inc Common Par Value | Stock, | · / | | 12/30/2014 | | S | | 2 | 2,189 | D | \$ 50.25 | 15,42 | 15,421 | | D | | | | | |
| Alico, Inc Common Par Value | Stock, | 12/30/2014 | | 12/30/2014 | | S | | 1 | ,118 | D | \$ 50.20 | 14,303 | | | D | | | | | |
| Alico, Inc., Common Stock, Par Value \$1.00 | | 12/30/2014 | | S | | 1 | 1,000 D \$ 50.22 | | \$ 50.22 | 5 13,30 | 13,303 | | D | | | | | | | |
| Alico, Inc Common Par Value | Stock, | 12/30 | /2014 | 12/30 | 0/2014 | S | | 1 | .93 | D | \$ 50.35 | 13,11 | 0 | | D | | | | | |
| Reminder: I | | | arate line for | each cl | ass of securit | ies ben | efic | , | | | | | | | | | | | | |
| | | | | | | | | info rec | ormatio | on c to re | ontaine spond | nd to the ed in this unless control | s form the for | are n m dis | ot | | SEC 1 (9 | 1474 1-02) | | |
| | | | | | ative Securit outs, calls, w | | - | | • | | | • | Owned | | | | | | | |
| ` / | | ion Da ise (M | Fransaction te fonth/Day/Ye | Exear) an | A. Deemed Recution Date by Month/Day/Y | Co | ode | | 5. Numb of Derive Securi Acqui | ative ities | and Exp | Exercisa piration I h/Day/Yea | Date A | Securi | nt of lying | | rative rity (. 5) | 9. Number Derivative Securities Beneficiall Owned Following | / | 10. Ownership Form of Derivative Security: Direct (D) |

Disposed

(A) or

of (D)

(Instr. 3, 4, and 5)

Date

Exercisable Date

Title

Expiration

Amount

Number

Reporting Owners

| Donouting Own or Name / Address | Relationships | | | | | | | |
|---------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| RODRIGUEZ RAMON A | | | | | | | | |
| 509 ROYAL PLAZA DRIVE | X | | | | | | | |
| FORT LAUDERDALE, FL 33301 | | | | | | | | |

Signatures

| Ramon A. Rodriguez | 12/31/2014 |
|-------------------------------|------------|
| 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.