# FORM 4

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

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

Amount

Number

Expiration

Exercisable

Title

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

(Print or Typ	pe Respons	ses)														
1. Name and Wilson Cl		of Reporting Perso	on <del>*</del>	2. Issuer Na Symbol ALICO IN			er or Trad	ing		5. Relationship ( Issuer (Ch _X_ Director	•	applicab	` ´			
181 HIGH		rst) (Middle 30 EAST	:)	3. Date of Ea (Month/Day/ 02/28/2015	Year)	nsac	tion		1	X Officer (give below)			her (specify b	pelow)		
FROSTPI	Ì	L 33843		4. If Amenda Filed(Month/D		te Or	iginal			6. Individual or Applicable Line) _X_ Form filed by 0 Form filed by M	One Repo	orting Perso	on			
(City)	(St	zate) (Zip)		Table I -	Non-De	rivat	tive Secur	ities A	Acqui	red, Disposed	of, or I	Beneficia	lly Owned	d		
1.Title of Se (Instr. 3)	ı	. Transaction Date Month/Day/Year)	Exec	Deemed ution Date, if nth/Day/Year)	3. Transac Code (Instr. 8		4. Securit Acquired Disposed (Instr. 3,	(A) o of (D	))	5. Amount of Securities Beneficially O Following Rep	orted	6. Owners Form: Direct (	Benef D) Owne	lirect icial ership		
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		or Indir (I) (Instr. 4	(	. 4)		
Alico, Inc Common Par Value	Stock, C	02/28/2015	02/2	8/2015	A		46,162	A	<u>(1)</u>	46,162		D				
Common	Alico, Inc., Common Stock, Par Value \$1.00  02/28/2015  02/2		8/2015	A		185,667	35,667 A (1)		185,667		I	By R Verd Vent LLC	e ures,			
Reminder: Redirectly or in		separate line for e	ach cl	ass of securitie	es benefi	cially	owned									
						ini re	formation quired to	resp	taine oond	nd to the colle ed in this form unless the for control numb	are n	ot	(	1474 9-02)		
				ative Securitie outs, calls, war	-		-	- 1		eficially Owned	l					
(Instr. 3)			Ex ar) an	A. Deemed secution Date, i y Jonth/Day/Yea	Code		5. Number of Derivat Securiti Acquire (A) or Dispose of (D)	r ar (N	nd Exp	piration Date /Day/Year)	7. Title Amou Under Securi (Instr. 4)	nt of lying ities		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

(Instr. 3, 4, and 5)

## **Reporting Owners**

Reporting Owner Name / Address		]	Relationships	
Reporting Owner Name / Address		10% Owner	Officer	Other
Wilson Clayton G 181 HIGHWAY 630 EAST FROSTPROOF, FL 33843	X		Chief Executive Officer	

### **Signatures**

Clayton G. Wilson	03/02/2015
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).
   The shares were issued in connection with the Company's acquisition of 734 Citrus Holdings, LLC ("Silver Nip Citrus") which was completed on February 28, 2015 (the "Merger"). As consideration for their respective membership interests in Silver Nip Citrus, 46,162
   shares were issued directly to Mr. Wilson and 185,667 shares were issued to Rio Verde Ventures, LLC. Mr. Wilson is the Manager of Rio
- (1) shares were issued directly to Mr. Wilson and 185,667 shares were issued to Rio Verde Ventures, LLC. Mr. Wilson is the Manager of Rio Verde Ventures, LLC. Mr. Wilson disclaims beneficial ownership of the Company's Common Stock held by Rio Verde Ventures, LLC except to the extent of his pecuniary interest therein.

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.