FORM 4

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

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

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 Ty			•	1					i,	- D 1 / 11	CD	.: D	() (— 1		
Name and Address of Reporting Person Arlon Valencia Holdings LLC			2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director Officer (give title Other (specify below) below) 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Last) (First) (Middle) C/O ARLON GROUP 767 FIFTH AVENUE 15TH FL			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2015					Ŀ					pelow)			
(Street) NEW YORK, NY 10153			4. If Amendment, Date Original Filed(Month/Day/Year)					A								
(City)		(State) (Zip))	Table I -	Non-De	riva	tive Secu	rities	Acquir	red, Disposed	of, or	Beneficia	lly Owne	d		
1.Title of S (Instr. 3)	Security	2. Transaction Date (Month/Day/Year)	Exect any	Deemed ution Date, if nth/Day/Year)	Code		4. Secur Acquire Dispose (Instr. 3.	d (A) d of (, 4 an (A) or	D)	5. Amount of Securities Beneficially O Following Re Transaction(s) (Instr. 3 and 4	wned ported	Form: Direct (ect (Instr	lirect ficial ership		
Alico, Inc Common Par Value	Stock,	04/03/2015	04/0	3/2015	A		621 (1)		\$ 51.33	4,512		D				
Reminder: directly or		a separate line for e	each cl	ass of securition	es benefi	Pe int	ersons v formatio	on co	ntaine	d to the colle d in this form unless the fo	are i	not	(1474 (9-02)		
						_ cı	irrently	valic	OMB	control numb	oer.					
					-	- 1	•			ficially Owned	i					
1. Title of Derivative Security (Instr. 3)		3. Transaction On Date (Month/Day/Ye	3A Ex	outs, calls, wa A. Deemed secution Date, y Ionth/Day/Ye	4. Trans Code	saction	5. Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and	native ties red sed	6. Date and Exp	Exercisable biration Date (/Day/Year)	Amou Unde Secur	unt of rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficial Ownershi (Instr. 4)
					Cod		7 (A)		Date Exercisa	Expiration able Date	Title	Amount or Number of				

Reporting Owners

Donardina Oraman Nama / Adduses	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Arlon Valencia Holdings LLC C/O ARLON GROUP 767 FIFTH AVENUE 15TH FL NEW YORK, NY 10153	X				

Signatures

Arlon Food and Agriculture Partners, LP, its sole member	04/06/2015
**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 of the Company's Common Stock being reported in this Form 4 were issued to Benjamin D. Fishman, an employee of an affiliate of Arlon Food and Agriculture Advisors LLC, as nominee on behalf of Arlon Food and Agriculture Advisors LLC, and is
- (1) required to transfer such shares to Arlon Valencia Holdings LLC (Collectively, "Arlon"). Mr. Fishman is serving as a director of the Company on behalf of Arlon and received the shares of the Company's Common Stock, as nominee on behalf of Arlon, in connection with such service on the Company's board of directors.

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.