FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours 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	pe Response	es)												
Name and Address of Reporting Person * Wilson Clayton G				2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
21299 US		(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/06/2015				X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street) LAKE WALES, FL 33859			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		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Date		2A. Deemed Execution Date, if any (Month/Day/Year)	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)			Ownership Form:	7. Nature of Indirect Beneficial Ownership			
				(Month/Day/Tear)	Code	e V	Amoun	(A) or (D)	Price	(I)		or Indirect	(Instr. 4)	
Alico, Inc Par Value	e., Commo e \$1.00	n Stock,	07/06/2015	07/06/2015	A		613 (1	A	\$ 45.91	47,323			D	
Alico, Inc Par Value	c., Commo e \$1.00	n Stock,								185,667			I	By Rio Verde Ventures, LLC (2)
Reminder: indirectly.	Report on a	separate line	for each class of secu	urities beneficially o	owned d	Per	sons wh	n this f	orm ar	e not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
				Derivative Securiti e.g., puts, calls, wa							l			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	Month/Day/Year) any	4. Transaction Code Year) (Instr. 8)	of and		Date Exercisable I Expiration Date onth/Day/Year)		Am Und Sec	itle and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form o y Derivat Securit Direct (or India	Ownership y: (Instr. 4) D) ect
				Code V	(A) (Da Ex	te ercisable	Expirat Date	ion Titl	Amount or Number of Shares				
D	. 0													

Reporting Owners

Donostino Ossas None / Address	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
Wilson Clayton G							
21299 US 27	X		Chief Executive Officer				
LAKE WALES, FL 33859							

Signatures

Clayton G. Wilson	07/06/2015
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).
- (1) These shares were issued under the 2013 Incentive Equity Plan.

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 (2) "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 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 there.

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.