FORM 4

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
nours 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 * Arlon Valencia Holdings LLC				2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco] 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2017							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 767 FIFTH AVENUE 15TH FLOOR												XDirect	elow)				
(Street) NEW YORK, NY 10153			4. If Aı	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 Acqui								ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year) any		ate, if Code (Instr		ode nstr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficia	nt of Securities ally Owned Following 1 Transaction(s) and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							ode	V	Amoun	or					(I) (Instr. 4)		
Alico, Inc Par Value	c., Commo e \$1.00	n Stock,	07/06/2017	07/06/	/2017		A		1,007 (1)	A	\$ 31.65	13,606			D		
Reminder: indirectly.	Report on a	separate line fo	or each class of sec	urities be	eneficially	owne											
								cont	ained ir	n this f	orm ar	e not req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)	
(Instr. 3) Prio	Conversion	3. Transaction Date (Month/Day/\footnote{\text{Month/Day/}\footnote{\text{V}}}	3A. Deemed Execution D Year) any	ate, if Transaction Code (Year) (Instr. 8)		5. Number		6. Da	convert ate Exerc Expiration	ible sec cisable on Date	7. T Ame Und Seco	•	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Ownersh (Instr. 4)	
					Code V	(A)	(D)	Date Exer	cisable	Expirati Date	Title	or Number of Shares					
Repor	ting O	wners		<u> </u>		1						-					
Report	ting Owner	Name / Addro	ess	Relatio	onships												
Arlon Valencia Holdings LLC 767 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10153		10% Ow	ner Offic	eer O	ther												
Signat	tures																

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Arlon Food and Agriculture Partners, LP, its Sole Member

**Signature of Reporting Person

- ** 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 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.

07/07/2017

Date

Remarks:

These shares were issued under the Stock Incentive Plan of 2015.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see}\ Instruction\ 6 for procedure.$

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.