### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if n longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## Section 16. Form 4 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF or Form 5 SECURITIES

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type	Responses)												
1. Name and Person * ATLANTIC	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALICO INC [ALCO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PO BOX 13	3. Date of Earliest Transaction (Month/Day/Year) 03/08/2006						Director10% Owner Officer (give titleXOther (specify below)  Beneficial owner						
LAKE WALE	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 A						cquired, Disposed of, or Beneficially				
(Instr. 3) (Month/Day/Year) any			Code		4. Securitie Acquired (A Disposed o (Instr. 3, 4 a		or (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	Beneficial Ownership			
				Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)		
Alico, Inc. Common Stock, par value \$1.00 per share	03/08/2006			Р		250	А	\$ 44.94	3,586,968	I	By Alico Holdings		
Alico, Inc. Common Stock, par value \$1.00 per share	03/08/2006			Р		100	Α	\$ 44.95	3,587,068	I	By Alico Holdings		
Alico, Inc. Common Stock, par value \$1.00 per share	03/08/2006			Р		100	Α	\$ 45	3,587,168	I	By Alico Holdings		
Alico, Inc. Common Stock, par value \$1.00 per share	03/08/2006			Р		1,066	Α	\$ 45.09	3,588,234	I	By Alico Holdings		
	eport on a separate		ach class	of securi	ties								
beneficially owned directly or indirectly.							Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.						
	Table II - D	erivativ	e Securiti	es Acqui	red	, Dispos	ed o	f, or Be	eneficially Owned				

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		<ol><li>Date Exer</li></ol>	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	ber	and Expiration	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/	Year)	Unde	erlying	Security	Securities	Form of	Beneficial
Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secu	ırities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secu	rities			(Instr	r. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) oi	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)	)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, an	d 5)								
											Amount				
								ъ.			or				
								Date	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	٧	(A)	(D)				Shares				

#### **Reporting Owners**

Bonouting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
ATLANTIC BLUE TRUST INC PO BOX 1318				Beneficial owner					
LAKE WALES, FL 33859-1318									

## Signatures

Yvonne Bunce, Corporate Secretary	03/09/2006
-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.