

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

OMB APPROVAL				
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nours per response	e 0.5			

## INITIAL STATEMENT OF 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 Type Responses)								
1. Name and Address of Reporting Person* English Katherine	2. Date of Event Requiring Statement (Month/Day/Year)  08/06/2020		3. Issuer Name and Ticker or Trading Symbol ALICO, INC. [ALCO]					
(Last) (First) (Middle) 7951 DENI DRIVE						5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street)					Applicable I  X Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
NORTH FORT MYERS, FL 33917				,	Form fil	ed by More than One Reporting Person		
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		vned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Alico, Inc., Common Stock, Par Value \$1.00		0		D				
Reminder: Report on a separate line for each class of securities 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 - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expirat	Security (Instr. 4)	Amount of Inderlying Derivative Int or Number of	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Reporting Owners	Exercisable Date	Shares	s		(Instr. 5)			

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
English Katherine				
7951 DENI DRIVE	X			
NORTH FORT MYERS, FL 33917				

# Signatures

Katherine R English	08/06/2020
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 5(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.