| FORM 4 | 4 |
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| Check this box if no |
|-----------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Responses) | | | | | | | | | | |
|--|------------|--|------------|---|--|---|----------------------------|--|--------------------|-------------------------|
| 1. Name and Address of Reporting Fishman Benjamin D | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| 6 WILLOW PLACE (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022 | | | | | Officer (give title below) | Other (specify b | below) | |
| (Street) BROOKLYN, NY 11201 | | | | | r) | 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 | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Execution Date, if | (Instr. 8) | v | (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | f of (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: | Beneficial Ownership |
| Alico, Inc., Common Stock, Par Value \$1.00 | 01/03/2022 | | А | | 830 (1) | А | \$ 37.69 | 3,280 | 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

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| • | 2011140110 | . See an in | es rrequi | | posed on, or | Denenenany | U |
|---|--------------|-------------|-----------|---------|---------------|-------------|----------|
| | (e.g., puts, | calls, wa | rrants, o | ptions, | convertible s | securities) | |

| urity r. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if | Code | on | 5. | ber ative ities ired | 6. Date Exer and Expirati (Month/Day | cisable on Date /Year) | 7. Tit Amou Unde Secur | unt of rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|----------------|------------|--------------------------|----------------------------------|------|----|------------------|-------------------------------|--|------------------------------|---------------------------------|--|--------------------------------------|--|------------------------------------|--|
| | | | | | | Dispo of (D | | | | | | | Transaction(s) (Instr. 4) | (I) (Instr. 4) | |
| | | | | | | (Instr 4, and | . 3, | | | | | | ~ / | × , | |
| | | | | Code | V | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Fishman Benjamin D 6 WILLOW PLACE BROOKLYN, NY 11201 | Х | | | | | | |

Signatures

| Benjamin D. Fishman | 01/04/2022 |
|---------------------------------|------------|
| **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 Stock Incentive Plan of 2015.

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.