

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 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 <sup>*</sup><br>Del Vecchio Perry | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>09/06/2022 | 3. Issuer Name and Ticker or Trading Symbol<br>ALICO, INC. [ALCO]   |   |  |  |
| (Last) (First) (Middle)<br>3207 PACIFIC DRIVE                             | 09/00/2022   | 4. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)<br>Director<br>X_Officer (give title<br>below)<br>Chief Financial Officer |   | · /  | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)  |
| (Street)<br>NAPLES, FL 34119  |  |   |   |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |
| (City) (State) (Zip)  | Table I  | - Non-Derivat   |   | Benef  | icially Owned  |
|   |  | Amount of Securities<br>eneficially Owned<br>nstr. 4)   |   | 4. Nature of Indirect Beneficial Ownership<br>(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.

SEC 1473 (7-02)

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)

| ſ | 1. Title of Derivative Security | 2. Date Exercisable |            | 3. Title and Amount of 4. Conversi |                     | 4. Conversion | 5. Ownership     | 6. Nature of Indirect Beneficial |  |
|---|---------------------------------|---------------------|------------|------------------------------------|---------------------|---------------|------------------|----------------------------------|--|
|   | (Instr. 4)                      | and Expiration Date |            | Securities Underlying Derivative   |                     | or Exercise   | Form of          | Ownership                        |  |
|   |                                 | (Month/Day/Year)    |            | Security                           |                     | Price of      | Derivative       | (Instr. 5)                       |  |
|   |                                 |                     |            | (Instr. 4)                         |                     | Derivative    | Security: Direct |                                  |  |
|   |                                 | Date                | Expiration | <b>T</b> '4                        | Amount or Number of | Security      | (D) or Indirect  |                                  |  |
|   |                                 | Exercisable         | Date       | Title                              | Shares              |               | (Instr. 5)       |                                  |  |

## **Reporting Owners**

| Penerting Owner Name /                                      |          | Relationships |                         |       |  |  |  |
|---|----------|---------------|-------------------------|-------|--|--|--|
| Reporting Owner Name /<br>Address                           | Director | 10%<br>Owner  | Officer                 | Other |  |  |  |
| Del Vecchio Perry<br>3207 PACIFIC DRIVE<br>NAPLES, FL 34119 |          |               | Chief Financial Officer |       |  |  |  |

## Signatures

| Perry G Del Vecchio             | 09/06/2022 |
|---------------------------------|------------|
| **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.