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| ALICO INC Form 4 October 07, | | | | | | | | | | | | |
|--|--|--|---|--------------------------------------|--------------------------------------|--|---------------------|--|--|--|--|--|
| FORM | 14 _{UNITED} | STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | |
| | | | | | | | | | Number: | | | |
| Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b). | nger to 16. or Filed put ons stinue. | Washington, D.C. 20549 CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES led pursuant to Section 16(a) of the Securities Exchange Act of 1934, ion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | January 31 Expires: 2009 Estimated average burden hours per response 0.9 | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Alexander J. D. | | | 2. Issuer Name and Ticker or Trading Symbol ALICO INC [alco] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| Middle) | | - | Transactio | n | | (Cho | eck all applica | lble) | | |
| 2300 NOR | TH SCENIC HIG | HWAY | (Month/1 10/04/2 | Day/Year) 2013 |) | | | X Director X Officer (gi below) Pt | | 0% Owner Dther (specify O | | |
| LAKE WA | (Street) LES, FL 33898 | | | endment, onth/Day/Y | Date Origi ear) | nal | | 6. Individual or Applicable Line) _X_ Form filed by Form filed by Person | | g Person | | |
| (City) | (State) | (Zip) | Tab | le I - Non | n-Derivativ | ve Secu | rities Ac | quired, Disposed | of, or Benefic | cially Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | ed Date, if | 3. Transact Code (Instr. 8) | 4. Secu tion(A) or I (Instr. 3 | rities A Dispose 3, 4 and (A) or | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Alico, Inc., Common Stock, Par Value \$1.00 | 10/04/2013 | 10/04/20 |)13 | A | 683 | A | \$ 41.15 | 7,032 | D | | | |
| Alico, Inc., Common Stock, Par Value \$1.00 | | | | | | | | 4,926 | I | Sole Trustee and Sole Current Beneficiary | | |

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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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title Amoun Underly Securiti (Instr. 3 | t of ying ies | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|---------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | |
|--|----------|----------|-----------------|---------|-------|
| | | Director | 10% Owner | Officer | Other |
| Alexander J. D. 2300 NORTH SCENIC I LAKE WALES, FL 338 | Х | | President & CEO | | |
| Signatures | | | | | |
| JD Alexander | 10/07/20 | 13 | | | |
| **Signature of | 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).

Remarks:

Reporting Person

These shares were issued under the 2013 Incentive Equity Plan

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.