ALICO INC Form 4 April 06, 2015

## FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

Value

\$1.00

(Print or Type Responses)

1. Name and Address of Reporting Person \*

| Wilson Clayton G  |  |          | Symbol ALICO INC [alco]   |  |  |                        |              | (Cl. 1. II. 1. 11.)   |  |   |  |  |
|---|--|----------|---|--|--|------------------------|--------------|---|--|---|--|--|
| (Last)  | (First) (                              | Middle)  | 3. Date of Earliest Transaction   |  |  | (Check all applicable) |              |   |  |   |  |  |
| 21299 US 27 (Street)  LAKE WALES, FL 33859              |  |          | (Month/Day/Year) 04/03/2015  4. If Amendment, Date Original Filed(Month/Day/Year) |  |  |                        |              | _X_ Director 10% OwnerX_ Officer (give title Other (specify below) Chief Executive Officer  |  |   |  |  |
|   |  |          |   |  |  |                        |              | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |  |   |  |  |
| (City)  | (State)                                | (Zip)    | Tabl  | o I. Non D                             | lo <b>mi</b> trot <b>i</b> tro         | Coour                  | ritios A agr | Person  | of or Ponoficia  | lly Owned   |  |  |
|   | . ,                                    |          |   |  |  |                        | -            | uired, Disposed o   |  | ·   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                    | 2. Transaction Dat<br>(Month/Day/Year) |          | Date, if  | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securit<br>n(A) or Di<br>(Instr. 3, | spose                  | d of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |  |
| Alico, Inc.,<br>Common<br>Stock, Par<br>Value<br>\$1.00 | 04/03/2015                             | 04/03/20 | 015   | A                                      | 548 (1)                                | A                      | \$<br>51.33  | 46,710  | D  |   |  |  |
| Alico, Inc.,<br>Common<br>Stock, Par                    |  |          |   |  |  |                        |              | 185,667   | I  | By Rio<br>Verde<br>Ventures,                          |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

LLC (2)

#### Edgar Filing: ALICO INC - Form 4

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SEC 1474 (9-02)

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

| 1. Title of Derivative | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                      | 4.                 | 5.<br>onNumber | 6. Date Exerc<br>Expiration D |                    | 7. Titl         |  | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|---|--------------------------------------|----------------------|--------------------|----------------|-------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Tear)                     | any (Month/Day/Year) | Code<br>(Instr. 8) | of             | (Month/Day/e                  |                    | Under<br>Securi | rlying                                 | Security (Instr. 5)    | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |   |                                      |                      | Code V             | (A) (D)        | Date<br>Exercisable           | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |                        |   |

## **Reporting Owners**

| Reporting Owner Name / Address |           | Relationships |  |
|--------------------------------|-----------|---------------|--|
|                                | <br>40~ 0 | 0.00          |  |

Director 10% Owner Officer Other

Wilson Clayton G

21299 US 27 X Chief Executive Officer

LAKE WALES, FL 33859

## **Signatures**

Clayton G. 04/06/2015 Wilson

\*\*Signature of Date
Reporting Person

### **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 2013 Incentive Equity Plan.
  - The shares were issued in connection with the Company's acquisition of 734 Citrus Holdings, LLC ("Silver Nip Citrus") which was completed on February 28, 2015 (the "Merger"). As consideration for their respective membership interests in Silver Nip Citrus, 46,162
- (2) shares were issued directly to Mr. Wilson and 185,667 shares were issued to Rio Verde Ventures, LLC. Mr. Wilson is the Manager of Rio Verde Ventures, LLC. Mr. Wilson disclaims beneficial ownership of the Company's Common Stock held by Rio Verde Ventures, LLC except to the extent of his pecuniary interest therein.

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.

Reporting Owners 2