### Edgar Filing: ALICO INC - Form 4

ALICO INC

Form 4 April 06, 201	7									
								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or	ENT OF CHAN	F CHANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Expires: 20 Estimated average burden hours per response			
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	uant to Section 1 ) of the Public U 30(h) of the In	tility Hold	ling Com	npany	Act of	f 1935 or Section	·		
(Print or Type R	esponses)									
1. Name and A Arlon Valen	Symbol	•				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M		ALICO INC [alco] (Che 3. Date of Earliest Transaction				ck all applicable)			
. ,	AVENUE 15TH F	(Month/E	Day/Year)	ansaction			_X_ Director Officer (give below)		Owner er (specify	
				endment, Date Original nth/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
NEW YORK	K, NY 10153						Form filed by M Person	fore than One Re	eporting	
(City)	(State) (2	Zip) Tabl	le I - Non-D	erivative	Securi	ities Acc	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	<ul> <li>4. Securities Acquired ction(A) or Disposed of (D)</li> <li>8) (Instr. 3, 4 and 5)</li> <li>(A) or</li> </ul>		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Alico Inc			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Alico, Inc., Common Stock, Par Value \$1.00	04/05/2017	04/05/2017	A	1,194 (1)	А	\$ 26.7	12,599	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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	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	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting owner rune / run ess	Director	10% Owner	Officer	Other			
Arlon Valencia Holdings LLC 767 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10153	Х						
Signatures							
Arlon Food and Agriculture Partners, LP, its Sole Member 04/06							
**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).

The shares of the Company's Common Stock being reported in this Form 4 were issued to Benjamin D. Fishman, an employee of an affiliate of Arlon Food and Agriculture Advisors LLC, as nominee on behalf of Arlon Food and Agriculture Advisors LLC, and is

(1) required to transfer such shares to Arlon Valencia Holdings LLC (Collectively, "Arlon"). Mr. Fishman is serving as a director of the Company on behalf of Arlon and received the shares of the Company's Common Stock, as nominee on behalf of Arlon, in connection with such service on the Company's board of directors.

#### **Remarks:**

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.