ALICO INC Form 3

FORM	3 UNI	NITIAL S	Was	ATTIES AND EXCHANGE COMMISSI Schington, D.C. 20549 F OF BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 193 ility Holding Company Act of 1935 or Security			OF 5 1934,	OMB Number: Expires: Estimated a burden hour response	verage s per	0104	
		30	(h) of the In	vestment C	Company Act	t of 194	0				
(Print or Type R	esponses)										
1. Name and Ad Person <u>*</u> Kiernan J		orting	Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Syn ALICO INC [alco]				nbol		
(Last)	(First)	(Middle)	06/01/2015		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			nal
110 CROTO	N AVENU	JΕ						T fieu(f	vionui/Day/Tea)	
(Street) MOUNT KISCO, NY 10549					(Check all applicable) Director 10% Ov X Officer Other (give title below) (specify below CFO		10% Owr Other	ner Filing(_X_Fo Person Fo	ividual or Joint/Group (Check Applicable Line) orm filed by One Reporting orm filed by More than One ting Person		
(City)	(State)	(Zip)		Table I - N	Non-Derivat	ive Sec	urities	Beneficia	ally Owned		
1.Title of Security (Instr. 4)				2. Amount o Beneficially (Instr. 4)				wnership	indirect Benefi	cial	
Alico, Inc., O	Common St	tock, Par V	alue \$1.00	0		D	Â				
Reminder: Repo owned directly o	or indirectly. Person inform require curren	ns who resp ation conta ed to respo itly valid Of	ch class of secu bond to the co lined in this fo nd unless the AB control nu	ollection of orm are not form displ mber.	ays a	EC 1473 warran		s, converti	ble securities)	
1. Title of Deriv (Instr. 4)	vative Securit	Expir	te Exercisable a ration Date Day/Year)	Securiti	and Amount of ies Underlying ive Security	Cor	iversion Exercise	5. Ownershi Form of	6. Nature p Beneficia (Instr. 5)		

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Derivative

Derivative Security:

Direct (D)

or Indirect

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addr	·ess	Relationships						
		10% Owner	Officer	Other				
Kiernan John E 110 CROTON AVENUE MOUNT KISCO, NY 10	Â 9549	Â	CFO	Â				
Signatures								
John E. Kiernan 0	6/05/2015							
<u>**</u> 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.