Kiernan John E Form 4 September 11, 2018

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

1. Title of

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Kiernan John E

(First) (Middle)

110 CROTON AVENUE

MOUNT KISCO, NY 10549

2. Issuer Name and Ticker or Trading

Symbol

ALICO INC [ALCO]

3. Date of Earliest Transaction

(Month/Day/Year) 09/04/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

Form filed by More than One Reporting Person

(City) (State) (Zip)

(Month/Day/Year)

(Street)

2. Transaction Date 2A. Deemed 3. 4. Securities Execution Date, if

(Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

Reported Transaction(s)

(I)

(D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(Instr. 3 and 4)

SEC 1474

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Executive Vice President & CFO

6. Ownership

Form: Direct

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person

10% Owner

Other (specify

7. Nature of

Indirect

Estimated average

burden hours per

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

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

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)							
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Option to purchase Common Stock	\$ 33.6	09/04/2018		A		90,000		09/07/2018	12/31/2026(1)	Alico, Inc., Common Stock, Par Value \$1.00	90,00

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kiernan John E 110 CROTON AVENUE MOUNT KISCO, NY 10549

Executive Vice President & CFO

# **Signatures**

John E. Kiernan 09/11/2018

\*\*Signature of 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).

Represents options granted under the Stock Incentive Plan of 2015. The Option Grants will vest as follows: (i) 25% of the options will vest if the price of the Company's common stock during a consecutive 20-trading period if such price exceeds \$35.00; (ii) 25% of the

- (1) options will vest during a consecutive 20-trading period if such price exceeds \$40.00; (iii) 25% of the options will vest during a consecutive 20-trading period if such price exceeds \$45.00; and (iv) 25% of the options will vest during a consecutive 20-trading period if such price exceeds \$50.00.
- (2) Includes an award of 13,000 shares of restricted stock options pursuant to the reporting person's Employment Agreement. As of September 11, 2018, 5,667 options have vested and 7,333 remain eligible to vest.

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