ANDERSONS INC Form 4

FORM 4

June 14, 2005

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. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005 Estimated average

0.5

SECURITIES

Eilad pursuant to Section 16(a) of the Securities Evaluate

burden hours per response...

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

e Instruction So(ii) of the investi

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SMITH GARY L			2. Issuer Name and Ticker or Trading Symbol ANDERSONS INC [ANDE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(Last) (First)		3. Date of Earliest Transaction	(Sheek all applicable)		
480 W DUSSEL DR			(Month/Day/Year) 06/13/2005	Director 10% Owner _X Officer (give title Other (specify below) VP Finance & Treasurer		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MAUMEE, OH 43537			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (Zi	Table 1	I - Non-De	rivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	06/13/2005		Code V M	Amount 700	(D)	Price \$ 8.625	(Instr. 3 and 4) 15,629.693	D	
COMMON STOCK	06/13/2005		F	345	D	\$ 33.5	15,284.693	D	

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

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SEC 1474

(9-02)

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$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transacti Code (Instr. 8)	Deri Secu Acqu (A) o Disp of (E	vative rities nired or osed O) r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Underlying (Instr. 3 an
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
STOCK OPTION	\$ 8.625	06/13/2005		M	()	700	01/01/2001	01/01/2006	COMMO
PERFORMANCE SHARE UNIT	\$ 0 (1)						12/31/2007(1)	01/01/2008(1)	COMMO
STOCK OPTION	\$ 8.875						01/01/1998	01/01/2008	COMMO
STOCK OPTION	\$ 12.7						01/01/2003	01/01/2008	COMMO
STOCK OPTION	\$ 15.967						01/01/2004	01/01/2009	COMMO
STOCK OPTION	\$ 10						01/01/2002	01/02/2007	COMMO
STOCK OPTION	\$ 31						04/01/2005	03/31/2010	COMMO

STOC

Reporting Owners

**Signature of

Reporting Person

Reporting Owner Name / Add	ress	Relationships								
Tropozonia o minor i minor i zum	Director	10% Owner	Officer	Other						
SMITH GARY L 480 W DUSSEL DR MAUMEE, OH 43537			VP Finance & Treasurer							
Signatures										
Gary Smith	06/14/2005									

Date

Reporting Owners 2

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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).
- Stock Performance Unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS from
- (1) 1/1/2005 to 12/31/2007. Number of underlying shares are determined by the three-year cumulative fully diluted EPS for the performance period.

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.