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ANDERSONS IN Form 4 October 08, 2013 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	UNITED STATE STATEMENT C Filed pursuant to Section 17(a) of the	Washingto DF CHANGES II SECU Section 16(a) of	n, D.C. 2 N BENE IRITIES the Secur olding Co	0549 FICIAL ities Exc ompany 4	OW chang Act of	NERS ge Act f 1935	5HIP OF of 1934,	OMB APP OMB Number: Expires: `` Estimated ave burden hours response	3235-0287 January 31, 2005 erage
(Print or Type Respon	ses)								
1. Name and Address ADDIS DENNIS	of Reporting Person <u>*</u> J	2. Issuer Name a Symbol ANDERSONS				5. Rel Issuer	r	all applicable)	n(s) to
(Last) (I 480 W DUSSEL	First) (Middle) DR	3. Date of Earliest (Month/Day/Year) 10/01/2013		1		X below	Director Officer (give ti	10% O	
	itreet)	4. If Amendment, Filed(Month/Day/Ye	-	nal		Applic _X_ F	cable Line) form filed by On	nt/Group Filing(e Reporting Perso re than One Repo	n
MAUMEE, OH 4						Persor	1	-	-
· · · · · · · · · · · · · · · · · · ·	State) (Zip)					luired,		or Beneficially	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) c l of (D 4 and (A) or	(D) Beneficiall (D) Beneficiall (D) Owned Following Reported Transaction r (Instr. 3 an		Ownership Form: Direct (D) or Indirect (I) s) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON STOCK	10/01/2013		А	1,330	А	\$0	1,330	D	
PERFORMANCI SHARE UNIT (2016)	E 10/01/2013		А	1,330	A	\$ 0	1,330 <u>(1)</u>	D	
COMMON STOCK							249.864	Ι	Jonathon Addis, T. Addis, Cust.
COMMON STOCK							32,853.888	3 I	Held by Trust

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PERFORMANCE SHARE UNIT (2014)	3,670 <u>(2)</u>	D
PERFORMANCE SHARE UNIT (2015)	4,045 <u>(2)</u>	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ			Secur		(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4 and 5)						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excletisable	Date		of		
				Code V	(A) (D)				Shares		
Repo	rting O	wners									

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Othe				
ADDIS DENNIS J 480 W DUSSEL DR MAUMEE, OH 43537			President, Grai	n Group				
Signatures								
Dennis J. Addis, by:Mary Schr	oeder, Li	mited Power	of					
Attorney				10/08/2013				
<u>**</u> Signature of Re	porting Perso	n		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).

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Stock performance unit granted pursuant to The Andersons, Inc. plan. Units vest 100% in 27 months contingent on cumulative EPS from
 (1) 10/01/2013 to 12/31/2015. Number of underlying shares are determined by the twenty-seven months cumulative fully diluted EPS for the performance period.

(2) Stock performance unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS. 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.