ANDERSONS INC Form 4

October 09, 2013

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

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obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(City)

**COMMON** 

**STOCK** 

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * REED HAROLD M			2. Issuer Name and Ticker or Trading Symbol ANDERSONS INC [ANDE]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(energian approacte)		
480 W DUSSE	L DR		(Month/Day/Year) 10/01/2013	Director 10% Owner _X_ Officer (give title Other (specify below)  Chief Operating Officer		
	(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		

		Table 1 - Non-Derivative Securities Acquired, Disposed of, or Deficiency Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	d (A) o	<b>)</b> )	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
COMMON STOCK	10/01/2013		A	3,160	A	\$ 0	22,110.205 (1)	D	
PERFORMANCE SHARE UNIT (2016)	10/01/2013		A	3,160	A	\$0	3,160 (1)	D	
COMMON STOCK							817.36	I	IRA FBO HAROLD M. REED

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

805.1

I

**IRA FBO** 

E. REED

**KELLEEN** 

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COMMON STOCK	37,963	I	Held in Trust, Harold M. Reed Irrevocable Trust
PERFORMANCE SHARE UNIT (2014)	5,770 (2)	D	
PERFORMANCE SHARE UNIT (2015)	9,600 (2)	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)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secun Bene Owno 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						
rioporomg o maor rumo / radaross	Director	10% Owner	Officer	Other			
REED HAROLD M							
480 W DUSSEL DR			Chief Operating Officer				
MAUMEE, OH 43537							

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### **Signatures**

Harold m. Reed, by:Mary Schroeder, Limited Power of Attorney

10/09/2013

\*\*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).
- 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.

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