ANDERSONS INC Form 4

August 27, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Rex Anne G

> (First) (Middle)

P O BOX 119

(Last)

(Street)

MAUMEE, OH 43537

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Symbol

ANDERSONS INC [ANDE] 3. Date of Earliest Transaction

(Month/Day/Year) 08/26/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

Issuer

(Check all applicable)

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

OMB

Number:

Expires:

response...

Director 10% Owner Other (specify _X__ Officer (give title below)

6. Individual or Joint/Group Filing(Check

VP & Corporate Controller

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)
			Code V	Amount		Price	(Instr. 3 and 4)	
COMMON STOCK	08/26/2014		S	1,200	D	\$ 66.69	13,959	D
COMMON STOCK	08/26/2014		S	200	D	\$ 66.7	13,759	D
COMMON STOCK	08/26/2014		S	100	D	\$ 66.723	13,659	D
PERFORMANCE SHARE UNIT (2015)							1,995 (1)	D
PERFORMANCE SHARE UNIT							1,320 (2)	D

(2016)

PERFORMANCE SHARE UNIT (2017)

1,600 (1) D

9. Nu

Deriv

Bene Own Follo Repo Trans (Instr

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.

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. stionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

Rex Anne G

P O BOX 119 VP & Corporate Controller

MAUMEE, OH 43537

Signatures

Anne G. Rex 08/27/2014

**Signature of Date Reporting Person

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).
- (1) 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.

Reporting Owners 2

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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 (2) 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.

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.