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Andersons, Inc.											
Form 4											
December 09, 20											
FORM 4	UNITED STATE	'S SECURITIES	AND EX	CHAN	CE (OMM	ISSION o		OVAL		
	UNITEDSTATE		SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549					VB umber: 32	235-0287		
Check this box			,						nuary 31,		
if no longer subject to	STATEMENT C	OF CHANGES I	N BENE	FICIAL	OW	NERSH	HP OF	•	2005		
Section 16.	SECURITIES							stimated avera			
Form 4 or Form 5									0.5		
obligations	-	Section 16(a) of the Dublic Utility He			-						
may continue. See Instruction 1(b).	Section 17(a) of the 30(h	a) of the Investmen	•	- ·			r section				
(Print or Type Respo	nses)										
1. Name and Addres ANDERSON M	ss of Reporting Person <u>*</u> ICHAEL J	Symbol Iss				5. Relat Issuer	5. Relationship of Reporting Person(s) to Issuer				
		Andersons, Inc.		-		(Check all applicable)					
(Last)	(First) (Middle)	3. Date of Earliest		n		VF		100 Our			
480 W DUSSEL	DR	-	12/05/2014				_X_ Director10% Owner _X_ Officer (give title Other (specify				
	Di	12/03/2014					below) below) Chairman, President and CEO				
((Street)	4. If Amendment, 1	Date Origir	nal							
		-				. Individual or Joint/Group Filing(Check Applicable Line)					
		X Form file					filed by One Reporting Person iled by More than One Reporting				
MAUMEE, OH	43537					Person	If filed by more	lian One Report.	ig		
(City) ((State) (Zip)	Table I - Non	-Derivativ	e Securiti	es Acq	luired, D	isposed of, or	Beneficially O	wned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	3.4. Securities AcTransaction(A) or DisposedCode(Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially	Ownership Form:	7. Nature of Indire Beneficial Owners (Instr. 4)		
		(Month/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect			
					(A)		Reported Transaction(s	(I) (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and				
COMMON STOCK	12/05/2014		G	185	D	\$ 53.94	411,873.74	D			
COMMON STOCK							150,138	I	Mrs. Carol H. Anderson-spou		
PERFORMANC SHARE UNIT (2015)	ΣE						25,500 <u>(1)</u>	D			
PERFORMANC SHARE UNIT (2016)	Έ						16,800 <u>(2)</u>	D			
							13,400 <u>(1)</u>	D			

PERFORMANCE SHARE UNIT (2017)

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships							
Director	10% Owner	Officer	Other				
Х		Chairman, President and CEO					
		Director 10% Owner	Director 10% Owner Officer				

Signatures

Michael 12/08/2014 Anderson 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).
- (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.
- (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 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.