Andersons, Inc. Form 4 February 17, 2015 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations tee Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations tee Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations tee Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations tee Instruction Tele Public Utility Holding Company Act of 1935 or Section Tele Investment Company Act of 1940 Tele Investment Company A											
(Print or Type Responses)											
1. Name and Address of Report REED HAROLD M	ing Person <u>*</u>	2. Issuer Name <b>a</b> Symbol Andersons, Inc.			5. I Issi		-	-	g Person(s)	10	
(Last) (First)	(Middle)	3. Date of Earliest	Transactior	1			(Check	ck all applicable)			
480 W DUSSEL DR	(Month/Day/Year) 02/13/2015						ctor 10% Owner cer (give title Other (specify below) Chief Operating Officer				
(Street)	Filed(Month/Day/Year) Applicable				plicable L _ Form fil	al or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting					
MAUMEE, OH 43537		Person				-					
(City) (State)	(Zip)		-Derivative	e Securities Ac	quire	ed, Dispo	osed of,	or Bene	eficially Ow		
(Instr. 3) (Montl		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securities A poor Disposed o (Instr. 3, 4 and Amount	f (D)		5. Amou Securiti Benefic Owned Followi Reporte Transac (Instr. 3	es ially ng d tion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
PERFORMANCE SHARE UNIT 02/13 (2015)	/2015		J <u>(1)</u>	4,287.085	D	\$ 0	10,495	5	D		
COMMON STOCK							39,592	2.871	D		
COMMON STOCK							1,226.	04	Ι	IRA FBO HAROLD M. REED	
COMMON STOCK							1,207.	65	Ι	IRA FBO KELLEEN E. REED	

COMMON STOCK	55,563	I	Held in Trust, Harold M. Reed Irrevocable Trust
PERFORMANCE SHARE UNIT (2016)	9,480 <u>(2)</u>	D	
PERFORMANCE SHARE UNIT (2017)	7,800 <u>(3)</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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber 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**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
REED HAROLD M 480 W DUSSEL DR MAUMEE, OH 43537			Chief Operating Officer					

## Signatures

Harold Reed, by Mary Schroeder, Limited Power of Attorney

02/17/2015

\*\*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).
- (1) PSU Vesting for fewer than originally allocated shares. Excess shares are being cancelled.

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.

(3) 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.