Edgar Filing: SANDERSON FARMS INC - Form 4

| Form 4 | N FARMS INC | | | | | | | | | | |
|---|---|---|-------------------------------|--|------------|--------|-------------------------|--|--|---|--|
| October 02, 2 | 2014 | | | | | | | | | | |
| FORM | 4 | | GEGU | | | CIII A | NCE | | | PPROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 | G. STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES | | | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.5 | | |
| obligation may conti <i>See</i> Instru 1(b). | ns Section 17(a | a) of the l | Public U | | ding Cor | npan | y Act of | e Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| COCKRELL D MICHAEL S | | | Symbol | r Name and | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | SANDERSON FARMS INC [SAFM] | | | | | (Check all applicable) | | | |
| (Last) 127 FLYNT | · · · · · · | (Month/I | | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) Treasurer & CFO | | | |
| | | | | | | | | | | | |
| | | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| LAUREL, N | AS 39443 | | | | | | | Form filed by M Person | Aore than One R | eporting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | | | | uired, Disposed of | f, or Beneficia | - | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executior any | | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose | d of (D) 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 09/30/2014 | | | F | 50 | D | \$ 87.95 | 74,187 | D | | |
| Common Stock | | | | | | | | 4,631 <u>(1)</u> | I | Allocated to Reporting Person's Account in Issuer ESOP. | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transact Code (Instr. 8) | 5. iorNumber of Derivativ Securities Acquired (A) or | 3 | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo |
|---|---|---|--------------------------------------|--|---------------------|--------------------|--|--|---|--|
| | | | | Disposed | | | | | | Trans |
| | | | | of (D) (Instr. 3, | | | | | | (Instr |
| | | | | (Insu: 3, 4, and 5) | | | | | | |
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | PSS | Re | | |
|--|------------|-------------------|-----------------|-------|
| | Director | 10% Owner Officer | | Other |
| COCKRELL D MICHAEL 127 FLYNT ROAD LAUREL, MS 39443 | Х | | Treasurer & CFO | |
| Signatures | | | | |
| D. Michael Cockrell | 10/02/2014 | | | |
| **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) Reflects allocations not reported on the Reporting Person's previous ownership report.

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.