ANDERSONS INC Form 4 April 05, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or

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

(A)

Code V Amount (D) Price

Estimated average burden hours per

Form 5 obligations may continue.

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

response... 0.5

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ADDIS DENNIS J			2. Issuer Name and Ticker or Trading Symbol ANDERSONS INC [ANDE]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First) (M	liddle) 3.	3. Date of Earliest Transaction			`	• • • • • • • • • • • • • • • • • • • •	,
480 W DUSSEL DR			(Month/Day/Year) 04/01/2005			Director _X_ Officer (give below) Preside		•
(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		
(City)	(State)	Zip)	Table I	- Non-Der	ivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any		3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

COMMON STOCK

8,287 D

Transaction(s) (Instr. 3 and 4)

COMMON STOCK

Jonathon Addis, T. 700 I Addis.

Cust.

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Underl (Instr. 1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
PERFORMANCE SHARE UNIT	\$ 0 (1)	04/01/2005		A	1,710	12/31/2007(1)	01/01/2008(1)	COM ST(
STOCK OPTION	\$ 31	04/01/2005		A	10,500	04/01/2005(2)	03/31/2010	COM STO
STOCK OPTION	\$ 8.625					01/01/2001	01/01/2006	COM STO
STOCK OPTION	\$ 10					01/01/2002	01/01/2007	COM STO
STOCK OPTION	\$ 12.7					01/01/2003	01/01/2008	COM STO
STOCK OPTION	\$ 15.967					01/01/2004	01/01/2009	COM STO

Reporting Owners

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

ADDIS DENNIS J 480 W DUSSEL DR MAUMEE, OH 43537

President, Plant Nutrient

Deletionships

Signatures

Dennis Addis, By: Gary Smith, Limited Power of Attorney 04/05/2005

**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 3 years contingent on cumulative EPS from (1) 1/1/2005 to 12/31/2007. 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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(2) OPTION EXERCISABLE 40% IMMEDIATELY; 70% AFTER ONE YEAR; 100% AFTER TWO YEARS

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.