#### Edgar Filing: ANDERSONS INC - Form 4

ANDERSON Form 4 March 13, 200											
FORM	Λ								OMB AF	PPROVAL	
	UNITE	D STATES		TIES AN nington, l			IGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer					- ES IN DENEFICIAL OWNEDSHID OF				Expires:	January 31, 2005	
subject to Section 16	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per				
Form 4 or								response	0.5		
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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type Re	esponses)										
FALLAT DALE W Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of I	Earliest Tra	nsaction			(Check	an applicable	•)	
(Mont				Month/Day/Year) 03/13/2006				Director 10% Owner X_ Officer (give title Other (specify below) below) Vice President			
			4. If Amen	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				Filed(Month/Day/Year)				Applicable Line)			
MAUMEE, O	OH 43537							_X_ Form filed by O Form filed by Mo Person			
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execu any	eemed tion Date, if h/Day/Year)	Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D) 5)	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	03/10/2006			Code V S	Amount	(D) D	Price \$ 57.16	14,098.079	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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A oi N oi Sl
PERFORMANCE SHARE UNIT	\$ 0 <u>(1)</u>					12/31/2007	01/01/2008	COMMON STOCK	
STOCK OPTION	\$ 12.7					01/01/2003	01/01/2008	COMMON STOCK	
STOCK OPTION	\$ 15.967					01/01/2004	01/01/2009	COMMON STOCK	, ,
STOCK OPTION	\$ 31					04/01/2005	03/31/2010	COMMON STOCK	/

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
FALLAT DALE W 480 W DUSSEL DR MAUMEE, OH 43537			Vice President				
Signatures							

### Signatures

Dale Fallat 03/13/2006

\*\*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.

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.