Edgar Filing: ANDERSONS INC - Form 4/A

See Instruction 1(b).	UNITED STATE STATEMENT C Filed pursuant to Section 17(a) of the 30(h	Washingto DF CHANGES II SECU Section 16(a) of	n, D.C. 2 N BENE JRITIES the Secur olding Co	0549 FICIAL ities Exc ompany <i>A</i>	OW hang	NERS e Act f 1935	5HIP OF of 1934,	OMB APF OMB Number: Expires: Estimated ave burden hours response	3235-0287 January 31, 2005 erage
(Print or Type Respons	ses)								
1. Name and Address Sparks Tamara Su		2. Issuer Name a Symbol ANDERSONS		-		5. Rel Issuer		Reporting Person	n(s) to
(Last) (F	(First) (Middle) 3. Date of Earliest Transaction				(Check	(Check all applicable)			
480 W DUSSEL I					X below	Director 10% Owner Officer (give title Other (specify w) below) VP,Corp.Relations/BusinessAnal			
(Si	Filed(Month/Day/Year) Appli 10/13/2013 _X_1				Applic _X_ F	dividual or Joint/Group Filing(Check icable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
MAUMEE, OH 4									
	tate) (Zip)				-	luired,	_	or Beneficially	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D)	5. Amount or Securities Beneficially Owned Following Reported Transaction((Instr. 3 and	Ownership Form: Direct (D) or Indirect (I) s) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
PERFORMANCE SHARE UNIT (2016)	10/01/2013		A	190 <u>(1)</u>	. ,	\$ 0	190 <u>(2)</u>	Ι	Held by Spouse
PERFORMANCE SHARE UNIT (2016)	10/01/2013		А	430 <u>(1)</u>	А	\$0	430 (2)	D	
COMMON STOCK							4,229.03	D	
COMMON STOCK							341.564	Ι	Held by Spouse
							570 <u>(3)</u>	D	

PERFORMANCE SHARE UNIT (2014)			
PERFORMANCE SHARE UNIT (2014)	255.65 <u>(3)</u>	I	Held by Spouse
PERFORMANCE SHARE UNIT (2015)	320.98 <u>(3)</u>	I	Held by Spouse
PERFORMANCE SHARE UNIT (2015)	647 <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)	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)					8. I De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
SOSAR	\$ 32.75					03/01/2011	04/01/2015	COMMON STOCK	850	
SOSAR	\$ 32.75					03/01/2011	04/01/2015	COMMON STOCK	385	

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O	Director	10% Owner	Officer	Other			
			VP,Corp.Relations/BusinessAnal				

Sparks Tamara Sue 480 W DUSSEL DR. MAUMEE, OH 43537

Signatures

Tamara S. Sparks, by: Mary J. Schroeder, Limited Power of Attorney

**Signature of Reporting Person

01/24/2014

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) Original filing was for shares at target level of the plan rather than maximum level. This filing reflects the maximum level of plan.
- (2) 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...
- (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.