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ANDERSONS INC Form 4/A January 24, 2014 FORM 4 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations <i>Even</i> 100 CHANGES IN BENEFICIAL OWNERSHIP OF Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, State Public Utility Holding Company Act of 1935 or Section 1(b).													
(Print or Type Respo	onses)											
1. Name and Address of Reporting Person <u>*</u> Wolf William J			8					5. Rel Issuer					
(Last)	(First	t) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) Director 10/01/2013 Officer below)					(Check all applicable)					
P O BOX 119								Officer (give t	ue title Other (specify below) t, Plant Nutrients Grp				
(Street) MAUMEE, OH 43537			Filed(Month/Day/Year) Ap 10/13/2013 _X					Applic _X_ F	ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting on				
(City)	(State	e) (Zip)	Table I - Non	-Deriva	tivo	e Securitie	es Acq	uired,	Disposed of,	or l	Beneficially (Owned	
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. Securit onAcquired Disposed (Instr. 3, Amount	(A) of (D 4 and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction((Instr. 3 and	(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
PERFORMANC SHARE UNIT (2016)	CE	10/01/2013		A	·	2,150 (1)	A	\$ 0	2,150 <u>(2)</u>		D		
COMMON STOCK									18,093.55	3	D		
PERFORMANC SHARE UNIT (2014)	CE								719 <u>(3)</u>		D		
PERFORMANC SHARE UNIT (2015)	CE								3,275 <u>(3)</u>		D		

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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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. Mumber	6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		8. I De
Security (Instr. 3)	or Exercise Price of Derivative Security	(Woldl/Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Y e		(Instr. 3 and 4) S		
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
SOSAR	\$ 11.02					03/02/2010	03/31/2014	COMMON STOCK	1,800	
SOSAR	\$ 32.75					03/01/2011	04/01/2015	COMMON STOCK	1,120	

Reporting Owners

Reporting Owner Name / Address	Relationships									
	Director 10% Owner Officer		Officer	Other						
Wolf William J P O BOX 119			President, Plant N	utrients Grp						
MAUMEE, OH 43537 Signatures										
William J. Wolf, by: Mary J. So Attorney	chroeder,	Limited Pov	ver of	01/24/2014						
**Signature of R	Reporting Per	son		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).

Original filing was for shares at target level of the plan rather than maximum level. This filing reflects the maximum level of plan. (1)

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...

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(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.