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ANDERSONS INC Form 4 July 01, 2014											
FORM /						~~~~		OMB APPRO	DVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							0	VB umber: 32	235-0287		
Check this box if no longer subject to Section 16.	STATEMENT O	Washington, D.C. 20549 DF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES						Jar stimated avera	•		
Form 4 or Form 5	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										
(Print or Type Response	s)										
1. Name and Address of ANDERSON MIC	2. Issuer Name and Ticker or Trading 5. Relat Symbol Issuer					tionship of Reporting Person(s) to					
(Last) (Fire	rst) (Middle)	3. Date of Earliest	Transaction	n			(Check all applicable)				
480 W DUSSEL DR		(Month/Day/Year) 06/30/2014				XC below)	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman, President and CEO				
(Stre	Filed(Month/Day/Year) Appl: _X_1				Applicat _X_ For	ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
MAUMEE, OH 43:						Person			8		
(City) (Stat			-Derivativ	e Securiti	ies Acc	luired, D	isposed of, or	Beneficially Ov			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and		ed of (D) Securities d 5) Beneficial Owned Following Reported Transactio		s Ownership lly Form: Direct (D) g or Indirect (I)	7. Nature of Indiro Beneficial Owner (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4				
COMMON STOCK	06/30/2014		F	143	D	\$ 61.85	431,058.92	7 D			
COMMON STOCK	06/30/2014		F	143	D	\$ 47.36	430,915.92	7 D			
COMMON STOCK	06/30/2014		F	143	D	\$ 51.79	430,772.92	7 D			
COMMON STOCK							150,138	Ι	Mrs. Carol H. Anderson-spot		
PERFORMANCE SHARE UNIT (2015)							25,500 <u>(1)</u>	D			

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PERFORMANCE SHARE UNIT (2016)	16,800 <u>(2)</u>	D
PERFORMANCE SHARE UNIT (2017)	13,400 <u>(1)</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 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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, i any (Month/Day/Yea	Code	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Reporting	Owner Name	/ Address	Relationships								
Kepoting		Direct	or 10% Owner	Officer			Other				
480 W DI	ON MICHA USSEL DR E, OH 4353	Х		Chairmar	n, Preside	nt and CEO					
Signa	tures										
•		y: Mary Schroed	ler, Limited Pov	ver of		07/01/2014	4				
**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).

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(1) 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.

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 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.