Edgar Filing: Andersons, Inc. - Form 4/A

Andersons, Inc. Form 4/A March 19, 2015 FORM 4 Check this boy if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	sT Fi Sect	CATEMENT C led pursuant to ion 17(a) of the	S SECURITIES Washingto DF CHANGES II SECU Section 16(a) of Public Utility Ho) of the Investment	n, D.C. 2 N BENE VRITIES the Secus	20549 FICIAL	OW chang Act o	NERSH ge Act o f 1935 (HIP OF f 1934,	OME Num Expi Estir burd resp	ber: ³²	235-0287 nuary 31, 2005 ge	
(Print or Type Respo	onses)											
1. Name and Addres Wolf William J	ss of Ro	eporting Person <u>*</u>	2. Issuer Name a Symbol Andersons, Inc				5. Relat Issuer	-	-	ting Person(s)) to	
(Last) P O BOX 119	(First)	(Middle)	3. Date of Earliest Transaction (Check (Month/Day/Year) Director 02/17/2015 Officer (give tibelow)						all applicable) 10% Owner title Other (specify below) Plant Nutrients Grp			
MAUMEE, OH	(Street) 4353	7	Filed(Month/Day/Year) App 02/19/2015X				Applical _X_ For	dividual or Joint/Group Filing(Check cable Line) Form filed by One Reporting Person form filed by More than One Reporting n				
(City)	(State)	(Zip)	Table I - Non	-Derivativ	e Securiti	es Aco	quired, D	isposed of,	or Be	eneficially Ov	vned	
1.Title of Security (Instr. 3)		. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D) 5)	Securities Beneficial Owned Following Reported	Amount of ecurities6.7. Natureownership eneficiallyOwnership Form:of IndirectwnedDirect (D)Ownershipollowingor Indirect(Instr. 4)eported(I)ransaction(s)(Instr. 4)			
COMMON				Code V	Amount	(D)	Price \$	`	,			
COMMON STOCK	0	2/17/2015		J	3,581	А	45.01 (1)	33,404.8	853	D		
COMMON STOCK	0	2/17/2015		F	1,159	D	\$ 45.01 (1)	32,245.8	853	D		
PERFORMANC SHARE UNIT (2016)	CE							3,225 <u>(2)</u>	<u>)</u>	D		
PERFORMANC	CE							2,950 <u>(3)</u>)	D		

(2017) PERFOR SHARE U (2018)							4,416 <u>(3)</u>	D)
Reminder: F	Report on a ser	parate line for each cla	ss of securities benef	Persor inform require	ns who res ation con ed to resp /s a curre	or indirectly. spond to the tained in thi ond unless ntly valid O	s form are the form	not	SEC 14 (9-0
			ative Securities Acq puts, calls, warrants				Owned		
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. Mumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wolf William J P O BOX 119 MAUMEE, OH 43537			President, Plant Nutrients Grp				
Signatures							
William J. Wolf, by Mary Schr Attorney	oeder, Li	mited Power	of 03/19/2015				
<u>**</u> Signature of Rej	porting Perso	n	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).

Price changed due to using an incorrect value date. (1)

(2)

SEC 1474 (9-02)

8. Price of 9. Nu

Derivative Deriv

Secu

Bene

Own Follo Repo Trans (Insti

Security

(Instr. 5)

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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 the performance period.

(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.