Andersons, Inc. Form 4/A March 19, 2015

## FORM 4

Form 5

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

1. Name and Address of Reporting Person * Wolf William J		2. Issuer Name <b>and</b> Ticker or Trading Symbol Andersons, Inc. [ANDE]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (Fi	rst) (Middle)	3. Date of Earliest (Month/Day/Year) 01/12/2015	Transactio	-				10% Own Other (spe	ecify	
MAUMEE, OH 43	reet) 3537	4. If Amendment, Filed(Month/Day/Yo 01/13/2015	_	nal		Applical _X_ For	President, Plant Nutrients Grp Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person _ Form filed by More than One Reporting son			
(City) (St	ate) (Zip)	Table I - Non	-Derivativ	e Securiti	es Aco	quired, D	isposed of, or Bo	eneficially Ov	wned	
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. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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	01/12/2015		F	1,503 (1)	D	53.14 (2)	29,823.853	D		
PERFORMANCE SHARE UNIT (2016)							3,225 (3)	D		
PERFORMANCE SHARE UNIT (2017)							2,950 (4)	D		
PERFORMANCE SHARE UNIT							4,416 (4)	D		

**OMB APPROVAL** 

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(2018)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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03/01/2011 04/01/2015

SEC 1474 (9-02)

> Sec (In

1,680

**STOCK** 

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. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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
COCAD	¢ 21 02					02/01/2011	04/01/2015	COMMON	1 690

## **Reporting Owners**

\$ 21.83

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Wolf William J P O BOX 119 MAUMEE, OH 43537

**SOSAR** 

President, Plant Nutrients Grp

**Signatures** 

William J. Wolf, by: Mary Schroeder, Limited Power of Attorney 03/18/2015

\*\*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).
- (1) Change in shares used for taxes is due to the change in price.
- (2) Price changed due to using an incorrect value date.

**(3)** 

Reporting Owners 2

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

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.

(4) 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.