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

Andersons, Inc. Form 4 February 16, 2016 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations <i>See</i> Instruction 1(b). (Print or Type Response.)									235-0287 nuary 31, 2005 ge rr		
1. Name and Address of Granato John J	f Reporting Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading 5. Relation Symbol Issuer Andersons, Inc. [ANDE]					ionship of Reporting Person(s) to				
(Last) (Fin 480 W. DUSSEL I	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016					(Check all applicable) Director 10% Owner Officer (give title Other (specify below) CFO					
(Str MAUMEE, OH 43	Filed(Month/Day/Year) A				Applicab _X_ For	Individual or Joint/Group Filing(Check pplicable Line) K_ Form filed by One Reporting Person _ Form filed by More than One Reporting proon					
(City) (Sta	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of				isposed of, c	, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties A ispose	cquired d of (D)	5. Amount Securities Beneficiall Owned Following Reported Transaction (Instr. 3 an	of y n(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	01/04/2016		J <u>(1)</u>	5.394	(D) A		12,342.1	37	D		
COMMON STOCK	01/12/2016		J <u>(1)</u>	9.575	A	\$ 28.92	11,486.2	12	D		
COMMON STOCK	01/22/2016		J <u>(1)</u>	9.993	А	\$ 27.71	11,496.2	05	D		
COMMON STOCK	01/25/2016		J <u>(1)</u>	4	A	\$ 26.66	11,500.2	05	D		
PERFORMANCE SHARE UNIT (2016)							3,330 <u>(2)</u>		D		

PERFORMANCE SHARE UNIT (2017)	4,000 <u>(3)</u>	D
PERFORMANCE SHARE UNIT (2018)	6,758 <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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(4) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Director	10% Owner	Officer	Other
Granato John J 480 W. DUSSEL DRIVE MAUMEE, OH 43537			CFO	
Signatures				
John Granato, by: Mary Schroe Attorney	02/15/2016			
<u>**</u> Signature of Repo	orting 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) Acquisition pursuant to Rule 16b-3(c)

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.

(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.