Andersons, Inc	с.								
Form 4									
March 02, 201	6								
FORM	Δ						OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this								January 31,	
-	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					VNERSHIP OF	Expires:	2005	
subject to Section 16.		SECURITIES					Estimated average burden hours per		
Form 4 or		Sheetin Hes					response 0.5		
Form 5	Filed pursuant t	o Section 16(a)) of the Se	ecurities	s Exchan	ge Act of 1934,	. coponeen	0.0	
obligations	Section $17(a)$ of th					-	1		
may contin See Instruct	ue. 20(h) of the Inves	• •		•				
1(b).	tion			1 2					
(Print or Type Re	sponses)								
						-	Reporting Person(s) to		
KILBANE CATHERINE M Symbol					Issuer				
	Andersons,	Andersons, Inc. [ANDE]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Ear	rliest Transa	action		(Chech)	
		(Month/Day/	Year)			_X_ Director	10%	Owner	
480 W DUSS	03/01/2016	03/01/2016				title Othe below)	r (specify		
	(Street)	4 76 4 1		1		below)	,		
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line					_X_ Form filed by C	One Reporting Person			
MAUMEE, O	0H 43537					Form filed by M			
	11 13337					Person			
(City)	(State) (Zip)	Table I -	Non-Deriv	vative See	curities A	equired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A.	Deemed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature of	
Security	(Instr. 3) any Code Disposed of (D) Beneficially (D) or								
(Instr. 3)						Beneficially Owned	· /	Beneficial	
	(MC	Shth/Day/Tear)	(Instr. 8)	(111str. 5, 4	4 and 3)	Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						Reported	()	()	
					(A) or	Transaction(s)			
			Code V	Amount	(D) Prie	(Instr. 3 and 4)			
COMMON	03/01/2016		A	2,797	A \$0	24,270	D		
STOCK									

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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. onNumber	6. Date Exerce Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur 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						
1 0	Director	10% Owner	Officer	Other			
KILBANE CATHERINE M 480 W DUSSEL DR. MAUMEE, OH 43537	Х						
Signatures							
Catherine Kilbane, by Mary J. Schroeder, Limited Power of							

Attorney

**Signature of Reporting Person

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).

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.

03/02/2016

Date