Andersons, Inc. Form 4 March 03, 2016

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** 

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

obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person $\stackrel{*}{\underline{\ }}$ Wolf William J		g Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
(Last) (I	First)	(Middle)	Andersons, Inc. [ANDE]  3. Date of Earliest Transaction	(Check all applicable)				
	/	,	(Month/Day/Year)	Director 10% Owner				
P O BOX 119			03/01/2016	X_ Officer (give title Other (specify below)  President, Plant Nutrients Grp				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MAUMEE, OH 43537				Form filed by More than One Reporting Person				
(6:- )	n )	(7.)						

(City)	(State	e) (Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	on Date 2A. Deemed /Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Į	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
COMMON STOCK		03/01/2016		A		3,637	A	\$0	38,461.713	D	
PERFORMANO SHARE UNIT (EPS) (2019)	CE	03/01/2016		A		3,636	A	\$ 0	3,636 (1)	D	
PERFORMANO SHARE UNIT (TSR) (2019)	CE	03/01/2016		A		3,636	A	\$ 0	3,636 (2)	D	
PERFORMANO SHARE UNIT (2017)	CE								2,950 (1)	D	

**PERFORMANCE SHARE UNIT** (2018)

4,416 (1) D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title a		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(i.ional, Day, Teal)	any (Month/Day/Year)	Code (Instr. 8)	of	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Underlyi Securitie (Instr. 3 a	ing es	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

#### **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Wolf William J P O BOX 119

President, Plant Nutrients Grp

MAUMEE, OH 43537

#### **Signatures**

William J. Wolf, by: Mary Schroeder, Limited Power of Attorney

03/03/2016

\*\*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).
- 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.
- (2) Stock performance unit (TSR) granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on the Company's annualized total shareholder return. Number of underlying shares are based upon the level of satisfaction of the total shareholder return

Reporting Owners 2

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

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.