Conrad Nichola	s C								
Form 4 November 04, 2	011								
	1						ON	MB APPRO	VAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						SSION	OMB Numb	er: 323	35-0287
Check this bo if no longer		Washington, D.C. 2034)					Expire	Janı	uary 31,
subject to Section 16. Form 4 or	STATEMENT (	SECU		Estimated average burden hours per					
Form 5 obligations may continue. See Instruction 1(b). 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									
(Print or Type Resp	oonses)								
1. Name and Addro Conrad Nichola	ess of Reporting Person <u>*</u> as C	2. Issuer Name <b>a</b> Symbol ANDERSONS	5. Relati Issuer						
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check all applicable)			
PO BOX 119	(Month/Day/Year)			Director Informed Provide the Information Informatio Information Information Information Information I					
	(Street)	4. If Amendment,	Date Original		6. Indivi	dual or Joii	nt/Grouj	p Filing(Cheo	:k
		Filed(Month/Day/Year)			_X_ Forn	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MAUMEE, OF	1 43537		Person				The by More than one reporting		
(City)	(State) (Zip)	Table I - Nor	n-Derivative S	Securities A	cquired, Di	sposed of,	or Bene	eficially Ow	ned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	(Month/Day/Year) Execution Date, if Transaction(A) or I		Instr. 3, 4 an	sed of (D)	5. Amoun Securities Beneficia Owned Followin, Reported Transacti (Instr. 3 a	s ally g ion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON	10/24/2011			26.554 A	\$	9,751.1	08	D	
STOCK	10/24/2011		J <u> </u>	.0.334 P	34.02	9,751.1	20	D	
PERFORMAN SHARE UNIT	CE					1,530 <u>(2</u>	2)	D	
PERFORMAN SHARE UNIT (2014)	CE					1,440 <u>(2</u>	2)	D	

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

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#### 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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and Am Underlying Sec (Instr. 3 and 4)	urities	8. I De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
SOSAR	\$ 42.3					03/01/2010	03/31/2012	COMMON STOCK	300	
SOSAR	\$ 46.26					03/01/2009	04/01/2013	COMMON STOCK	1,100	
SOSAR	\$ 11.02					03/02/2010	03/31/2014	COMMON STOCK	523	
SOSAR	\$ 32.75					03/01/2011	04/01/2015	COMMON STOCK	1,466	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
Conrad Nicholas C PO BOX 119 MAUMEE, OH 43537			VP Finance & Treasure				
Signatures							

Nicholas C. Conrad, By: Mary J. Schroeder, Limited Power of	11/04/2011
Attorney	11/04/2011
*****	

\*\*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) Acquisition pursuant to Rule 16b-3(c)

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(2) 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.