## Edgar Filing: ANDERSONS INC - Form 4

ANDERSONS INC Form 4 October 09, 2013 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 UNITED STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).								OMB APF OMB Number: Expires: Estimated ave burden hours response	3235-0287 January 31, 2005 erage	
(Print or Type Response	es)									
1. Name and Address o Conrad Nicholas C	2. Issuer Name <b>and</b> Ticker or Trading Symbol ANDERSONS INC [ANDE]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (Fir PO BOX 119	rst) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2013				Xbelow	(Check all applicable) Director 10% Owner Officer (give title Other (specify w) below) VP Finance & Treasurer			
(Str		Filed(Month/Day/Year) App _X_				ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting				
MAUMEE, OH 43						Persor		te than one repe	iting	
(City) (Sta	, , , <b>, ,</b> ,				-	luired,		or Beneficially		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ar) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction( (Instr. 3 and	Ownership Form: Direct (D) or Indirect (I) s) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
COMMON STOCK	10/01/2013		A	515	(D) A	Price \$ 0	6,895.184	D		
PERFORMANCE SHARE UNIT (2016)	10/01/2013		А	515	A	\$ 0	515 <u>(1)</u>	D		
PERFORMANCE SHARE UNIT (2014)							1,440 <u>(2)</u>	D		
PERFORMANCE SHARE UNIT (2015)							1,575 <u>(2)</u>	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Exerc	isable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	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)						
									Amount		
									Amount		
						Date	Expiration		or Normalian		
					Exercisable	Date		Number			
				C I V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

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

## Signatures

Nicholas C. Conrad, by:Mary Schroeder, Limited Power of 10/08/2013 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).
- Stock performance unit granted pursuant to The Andersons, Inc. plan. Units vest 100% in 27 months contingent on cu,ulative EPS from (1) 10/01/2023 to 12/31/2015. Number of underlying shares are determined by the twenty-seven months cumulative fully diluted EPS for the performance period.
- Stock performance unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS. Number (2)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.

Date