SANDERSON FARMS INC

Form 4

Common

Stock

December 22, 2014

FORM	IΔ						APPROVAL		
	UNITEDS		RITIES AND EXC Ashington, D.C. 20		COMMISSION	OMB Number:	3235-0287		
Check th if no long subject to	ger STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					January 31, 2005		
Section 1	Section 16. SECURITIES Form 4 or					Estimated average burden hours per response 0.			
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 I	Responses)								
1. Name and Address of Reporting Person [*] 2. Iss SANDERSON JOE F JR Symbol			er Name and Ticker or	5. Relationship of Reporting Person(s) to Issuer					
		SAND [SAFM	ERSON FARMS I []	NC	(Check all applicable)				
			of Earliest Transaction Day/Year) 2014		X Director 10% OwnerX Officer (give title Other (specify below) CEO, Chairman of Board				
	(Street)		endment, Date Origina onth/Day/Year)	1	6. Individual or J Applicable Line) _X_ Form filed by	oint/Group Fil	ing(Check Person		
LAUREL, N	MS 39443				Form filed by Person	More than One R	Reporting		
(City)	(State) ((Zip) Tab	ole I - Non-Derivative	Securities Ac	quired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	y (Month/Day/Year) Execution Date, if		Transaction(A) or D Code (D) (Instr. 8) (Instr. 3,	isposed of 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect Beneficial Ownership		
Common	12/19/2014		G V 28,654	D \$0	757,190	D			
Stock	12,19,2011		20,001	D (1)	757,170	2			
Common Stock					9,808 (2)	I	By spouse.		
							Allocated		

to

95,214 (3)

I

Reporting

account in Issuer ESOP.

Person's

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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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

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	cisable and	7. Title	and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amour	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	ercisable Date	of			
				Code V	(A) (D)				Shares		

Reporting Owners

	Relationships
Reporting Owner Name / Address	•

Director 10% Owner Officer Other

SANDERSON JOE F JR 127 FLYNT ROAD P.O. BOX 988 LAUREL, MS 39443

X CEO, Chairman of Board

Signatures

/s/ D. Michael Cockrell, Attorney-in-Fact

**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) The reported transaction was a gift for no consideration. Therefore there was no price.
- (2) The Reporting Person disclaims beneficial ownership of these shares.
- (3) Reflects allocations that have been made since the date of the Reporting Person's previous ownership report.

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.

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