#### ANDERSON MICHAEL J

Form 4

**COMMON** 

PERFORMANCE

**PERFORMANCE** 

**PERFORMANCE** 

**SHARE UNIT** 

**SHARE UNIT** 

**SHARE UNIT** 

**STOCK** 

(2014)

December 20, 2012

FORM A	1								OMB /	APPRO	OVAL
	·	UNITED STATE	S SECURITIES Washington			GE (	COMM	``	OMB Number:	32	235-0287
Check this b if no longer		STATEMENT (	NE CHANCES IN	g ,					Expires:	Jai	nuary 31, 2005
subject to Section 16. Form 4 or	ì	STATEMENT	F CHANGES IN BENEFICIAL OWNED SECURITIES				NEKS	l I	Estimated average burden hours per response		ıge
Form 5 obligations may continu See Instructi 1(b).	e. Se	ection 17(a) of the	Section 16(a) of a Public Utility Ho of the Investment	olding Co	mpany A	Act of	f 1935				
(Print or Type Res	ponses	3)									
1. Name and Address of Reporting Person * ANDERSON MICHAEL J			2. Issuer Name and Ticker or Trading Symbol ANDERSONS INC [ANDE]			5. Rela Issuer	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Firs	t) (Middle)	3. Date of Earliest	_	_			(Check a	ıll applicab	ole)	
480 W DUSSE	`	, , , ,	(Month/Day/Year) 12/18/2012		1			Director Officer (give tit Chairman, P	leOt	)% Own ther (spe	ecify
	(Stre	et)	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, OI	H 435	537						rm filed by More			ng
(City)	(State	e) (Zip)	Table I - Non	-Derivativ	e Securiti	es Acq	uired, I	Disposed of, o	r Benefici	ally O	wned
1.Title of Security (Instr. 3)	7	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	on(A) or D (D) (Instr. 3,	4 and (A) or	d of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and s	Owner Form: Direct or Indi (I) s) (Instr.	(D)	7. Nature of Indirect Beneficial Ownersh (Instr. 4)
COMMON		12/18/2012		F	Amount 930	(D)	Price \$ 42.4	244,290.92	2 D		

Mrs. Carol H.

Anderson-spouse

100,092

12,600 (1)

15,740 (1)

17,000 (1)

I

D

D

D

(2015)

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)

(Ir

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. Transactic Code (Instr. 8)	5. DiNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
SOSAR	\$ 32.75					03/01/2011	04/01/2015	COMMON STOCK	18,100	
SOSAR	\$ 11.02					03/02/2010	03/31/2014	COMMON STOCK	23,600	
SOSAR	\$ 46.26					03/01/2009	04/01/2013	COMMON STOCK	10,000	

# **Reporting Owners**

Relationships							
Director	10% Owner	Officer	Other				
X		Chairman, President and CEO					
			Director 10% Owner Officer				

## **Signatures**

Michael J. Anderson, by: Mary J. Schroeder, Limited Power of Attorney

\*\*Signature of Reporting Person Date

Reporting Owners 2

#### Edgar Filing: ANDERSON MICHAEL J - Form 4

### **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) 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.