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

Andersons, Inc. Form 4 April 27, 2016 <b>FORM 4</b> Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEMENT Filed pursuant t Section 17(a) of th 30(	OF CHANGES I	n, D.C. 205 N BENEFI JRITIES the Securition	5 <b>49</b> CIAL O es Excha pany Ac	WNERS ange Act t of 1935	<b>SHIP OF</b> of 1934,	OMB Numb Expire Estima burde respon	er: Janu es: ated average n hours per	5-0287 ary 31, 2005			
(Print or Type Respo	onses)											
ANDERSON MICHAEL J Symbol			Issuer			tionship of Reporting Person(s) to						
(Last)	(First) (Middle)		Andersons, Inc. [ANDE] 3. Date of Earliest Transaction				(Check all applicable)					
480 W DUSSEI			(Month/Day/Year)				_X_ Director 10% Owner Officer (give title Other (specify below)					
(Street) 4. If Amendment, Filed(Month/Day/Y MAUMEE, OH 43537			Year) Applicable Li _X_Form file Form file			able Line) orm filed by O orm filed by Me	l or Joint/Group Filing(Check ine) ed by One Reporting Person ed by More than One Reporting					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						hed						
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year)	te 2A. Deemed	3. 4. Transaction(A Code (I (Instr. 8)	. Securitie A) or Disp Instr. 3, 4 a	s Acquired osed of (D	5. Amou Securitie Beneficie Owned Followin Reported Transact (Instr. 3	nt of ally g l ion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indi Beneficial Owne (Instr. 4)			
COMMON STOCK	04/22/2016				A \$ 33.5	422.21	2.108	D				
COMMON STOCK						150,13	8	Ι	Mrs. Carol H. Anderson-spo			
PERFORMANO SHARE UNIT (2017)	CE					13,400	(2)	D				
PERFORMANO SHARE UNIT (2018)	CE					17,740	(2)	D				

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.

## 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		4.	5.	6. Date Exer		7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	onNumber	Expiration D	ate	Amou	int 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)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Duit		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
1 8	Director	10% Owner	Officer	Other					
ANDERSON MICHAEL J									
480 W DUSSEL DR	Х								
MAUMEE, OH 43537									
Signatures									
Michael Anderson, by: Mary Schroeder, Limited Power of									
Attorney									

\*\*Signature of Reporting Person

04/27/2016

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) Reinvestment of dividend
- (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.