ANDERSONS INC Form 4

August 01, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

Section 16. Form 4 or Form 5

obligations may continue. See Instruction

07/29/2005

STOCK

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Responses)

1(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading REED HAROLD M Issuer Symbol ANDERSONS INC [ANDE] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X_ Officer (give title 480 W DUSSEL DR 07/29/2005 below) below) President, Grain Division (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting MAUMEE, OH 43537 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) Owned Direct (D) Ownership (Instr. 8) Following or Indirect (Instr. 4) Reported (A) Transaction(s) (Instr. 4) (Instr. 3 and 4) Code V Amount (D) Price **COMMON** 15,671.965 07/29/2005 M 1,000 A D **STOCK** 8.625 **COMMON**

COMMON STOCK	400	I	HAROLD M. REED
			ID A EDO

536

D

F

IRA FBO **COMMON** 394 I **KELLEEN STOCK** E. REED

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

D

15,135.965

Estimated average

burden hours per

Edgar Filing: ANDERSONS INC - Form 4

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

3. Transaction Date 3A. Deemed

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.

5. Number

SEC 1474 (9-02)

6. Date Exercisable and Expiration 7. Title a

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Acqu (A) o Dispo	rities nired or osed of	Date (Month/Day/Year	· ·)	Underlyi (Instr. 3
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
STOCK OPTION	\$ 8.625	07/29/2005		M		1,000	01/01/2001	01/01/2006	COMN STO
PERFORMANCE SHARE UNIT	\$ 0 (1)						12/31/2007(1)	01/01/2008(1)	COMN STO
STOCK OPTION	\$ 10						01/01/2002	01/01/2007	COMN STO
STOCK OPTION	\$ 12.7						01/01/2003	01/01/2008	COMN STO
STOCK OPTION	\$ 15.967						01/01/2004	01/01/2009	COMN STO
STOCK OPTION	\$ 31						04/01/2005	03/31/2010	COMN STO

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	

REED HAROLD M 480 W DUSSEL DR MAUMEE, OH 43537

President, Grain Division

Signatures

1. Title of Derivative

Harold M. Reed	08/01/2005		
**Signature of Reporting Person	Date		

Reporting Owners 2

Edgar Filing: ANDERSONS INC - 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).
- Stock Performance Unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS from
- (1) 1/1/2005 to 12/31/2007. 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.