Sparks Tamara Sue Form 4 March 03, 2011

FORM 4

Form 5

obligations

may continue.

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

Check this box if no longer subject to Section 16. Form 4 or

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

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

See Instruction 1(b).

(Print or Type Responses)

SHARE UNIT

Name and Address Sparks Tamara St	s of Reporting Person *	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		ANDERSONS INC [ANDE]				(Check all applicable)				
(Last) (I	First) (Middle)	3. Date of Earliest Transaction				(Common approximation)				
480 W DUSSEL	DR.	(Month/Day/Year) 03/01/2011				Director 10% OwnerX_ Officer (give title Other (specify below) VP,Corp.Relations/BusinessAnal				
(S	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				
MAUMEE, OH 4	13537						orm filed by More t			
	State) (Zip)									
(City) (S	state) (Zip)	Table I - Non	-Derivativ	e Securitie	es Acq	uired,	Disposed of, or	Beneficially (Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
COMMON STOCK	03/01/2011		A	285	` ′	\$0	3,009.32 (1)	D		
PERFORMANCI SHARE UNIT (2014)	E 03/01/2011		A	570	A	\$ 0	570 (2)	D		
PERFORMANCI SHARE UNIT	Е						550 (2)	D		
PERFORMANCE SHARE UNIT	Е						600 (2)	D		

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

Edgar Filing: Sparks Tamara Sue - Form 4

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)

De Sec (In

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. DriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				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	850
SOSAR	\$ 11.02					03/02/2010	03/31/2014	COMMON STOCK	720
SOSAR	\$ 46.26					03/01/2009	04/01/2013	COMMON STOCK	550

Reporting Owners

Director 10% Owner Officer Other

Sparks Tamara Sue 480 W DUSSEL DR. MAUMEE, OH 43537

VP,Corp.Relations/BusinessAnal

Signatures

Tamara S.

Sparks 03/03/2011

**Signature of Person

Date

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).
- (1) Share ownership changed pursuant to divorce proceedings.

Reporting Owners 2

Edgar Filing: Sparks Tamara Sue - Form 4

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.