

Reed
Irrevocable
Trust

PERFORMANCE SHARE UNIT (2015)	9,600 ⁽²⁾	D
PERFORMANCE SHARE UNIT (2014)	5,770 ⁽²⁾	D
PERFORMANCE SHARE UNIT	3,750 ⁽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.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
SOSAR	\$ 11.02					03/02/2010 03/31/2014	COMMON STOCK	9,000
SOSAR	\$ 32.75					03/01/2011 04/01/2015	COMMON STOCK	5,325
SOSAR	\$ 46.26					03/01/2009 04/01/2013	COMMON STOCK	6,675

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

REED HAROLD M
480 W DUSSEL DR
MAUMEE, OH 43537

Chief Operating Officer

Signatures

Harold M. Reed, by: Mary Schroeder, Limited Power of
Attorney

01/14/2013

__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) Acquired through Section 423 Employee Share Purchase Plan

(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.