Edgar Filing: ANDERSONS INC - Form 4

ANDERSONS	S INC											
Form 4												
July 18, 2005												
FORM	4		GEGUDI							PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this	r								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated a	2005 Iverage			
Section 16. Form 4 or	Section 16. SECURITIES							burden hou response				
Form 5	Filed put	suant to	Section 16	(a) of the	Securitie	es Ex	change	Act of 1934,	reepeneem	0.0		
obligations may contin		a) of the	Public Util	lity Holdi	ng Com	pany	Act of 1	1935 or Section	I			
See Instruc		30(h)) of the Inv	estment C	Company	Act	of 1940)				
1(b).												
(Print or Type Re	(sponses)											
(Thit of Type ite	sponses)											
1. Name and Address of Reporting Person [*] 2. Issu				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
GALLAGHER CHARLES E			Symbol	-					Issuer			
	ANDERSONS INC [ANDE]					(Check all applicable)						
(Last)	(First) (Middle)	3. Date of H	Earliest Trai	nsaction			(0	n un uppriviere)			
				(Month/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify				
480 W DUSSEL DR 07/15				7/15/2005				below) below)				
								Vice Pre	esident Person	nel		
		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 43537 Form filed by More than One Reporting												
		(7 :)					1	Person				
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction D			3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Yea	r) Execu any	tion Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Direct (D) Ownersh	Beneficial		
(h/Day/Year)				-)	Owned	Ownership				
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
COMMON	07/15/2005			М	2,650	A	\$ 12.7	16,296.796	D			
STOCK	0711572005			141	2,050	A	φ 12.7	10,290.790	D			
COMMON	07/15/2005			F	1 502	D	\$	14 702 706	D			
STOCK	07/15/2005			F	1,593	D	39.92	14,703.796	D			

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

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title a Underlyi (Instr. 3	
							Date Exercisable	Expiration Date	Title
				Code V	(A)	(D)			
STOCK OPTION	\$ 12.7	07/15/2005		М		2,650	01/01/2003	01/01/2008	COMN STO
PERFORMANCE SHARE UNIT	\$ 0 <u>(1)</u>						12/31/2007 <u>(1)</u>	01/01/2008(1)	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						
I O	Director	10% Owner	Officer	Other			
GALLAGHER CHARLES E 480 W DUSSEL DR MAUMEE, OH 43537			Vice President Personnel				

Signatures

Charles E. 07/15/2005 Gallagher

<u>**</u>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).

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.