Edgar Filing: Blair Jeffrey - Form 4

| Blair Jeffrey | | | | | | | | | | | | |
|---|------------------------|---------|---------------------------------|---|-----------|---|----------------------|---|-----------------------------------|---------------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| December 06, | 2017 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | OMB APPROVAL | | |
| - | UNITED 5 | IAILS | | | | | JE U | OMMU15510IN | OMB Number: | 3235-0287 | | |
| Check this | box | vv a511 | Washington, D.C. 20549 | | | | | | January 31, | | | |
| if no longe | r STATEMI | ENT OF | F CHANGES IN BENEFICIAL OWNI | | | | | ERSHIP OF | Expires: | 2005 | | |
| Subject to | | | | | ECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 or | | | | | | | | | response 0.5 | | | |
| Form 5 | - | | | | | | 0 | e Act of 1934, | | | | |
| obligations may contin | | | | • | • • | • | | 1935 or Section | 1 | | | |
| See Instruc | | 30(h) o | of the Inve | estment Co | ompany | Act o | f 1940 | 0 | | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type Re | sponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. R | | | | | | 5. Relationship of Reporting Person(s) to | | | | | | |
| Blair Jeffrey | | | Symbol | | | | | Issuer | | | | |
| | Andersons, Inc. [ANDE] | | | | | (Check all applicable) | | | | | | |
| (Last) | (First) (Mi | ddle) | 3. Date of Earliest Transaction | | | | (encer an appreable) | | | | | |
| | | | (Month/Day/Year) | | | | | Director 10% Owner | | | | |
| P.O. BOX 119 | | | 12/04/2017 | | | | | XOfficer (give titleOther (specify below) below) | | | | |
| | | | | | | | | Preside | nt, Plant Nutrie | nt | | |
| (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, C | OH 43537 | | | | | | | Person | | | | |
| (City) | | ip) | | I - Non-Der | | | _ | iired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | | | 3. Transatia | | | | 5. Amount of | 6. Oran analain | 7. Nature of | | |
| Security (Instr. 3) | (Month/Day/Year) | any | on Date, 11 | Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | Securities Beneficially | Form: Direct Benef (D) or Owne | Indirect Beneficial | | |
| ~ / | | - | /Day/Year) | | | | | Owned | | Ownership | | |
| | | | | | | | | Following Reported | Indirect (I) (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Transaction(s) | (1130.4) | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| COMMON | 10/04/2017 | | | | | | | 10.550 | D | | | |
| STOCK | 12/04/2017 | | | А | 12,559 | А | \$0 | 12,559 | 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)

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| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Blair Jeffrey P.O. BOX 119 MAUMEE, OH 43537 | | | President, Plan | t Nutrient | | | | |
| Signatures | | | | | | | | |
| Jeffrey C. Blair, by Melissa Trippel, Limited Power of 12/06/2017 | | | | | | | | |
| <u>**</u> Signature of Rep | 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).

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.