#### Edgar Filing: KILBANE CATHERINE M - Form 4

| KILBANE CA<br>Form 4<br>March 03, 2009                                  |                                | I                     |   |  |  |                  |  |  |          |  |
|---|--------------------------------|-----------------------|---|--|--|------------------|--|--|----------|--|
| FORM  |                                |                       |   |  |  | OMB AF           | OMB APPROVAL   |  |          |  |
|   |                                | ΓIES ANI<br>ington, D |   |  | OMMISSION  | OMB<br>Number:   | 3235-0287  |  |          |  |
| Check this b<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or  |                                | ES IN BE<br>SECURIT   |   | NERSHIP OF                                       | Expires: January 3<br>200<br>Estimated average<br>burden hours per<br>response 0 |                  |  |  |          |  |
| Form 5<br>obligations<br>may continu<br><i>See</i> Instructi<br>1(b).   | e. Section 17                  | 7(a) of the           |   | ity Holdin                                       | g Comp   | any Act of       | e Act of 1934,<br>1935 or Section<br>0   |  |          |  |
| (Print or Type Res  | ponses)                        |                       |   |  |  |                  |  |  |          |  |
| 1. Name and Address of Reporting Person <u>*</u><br>KILBANE CATHERINE M |                                |                       | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>ANDERSONS INC [ANDE] |  |  |                  | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |          |  |
| (Last)  | (First)                        | (Middle)              | 3. Date of E  |  | -  | -                | (Check all applicable)   |  |          |  |
| 480 W DUSSEL DR.  |                                |                       | (Month/Day<br>03/02/200   | /Year)   |  |                  | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below)  |  |          |  |
| (Street)  |                                |                       | 4. If Amend<br>Filed(Month/   |  | Original   |                  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person             |  |          |  |
| MAUMEE, O   | H 43537                        |                       |   |  |  |                  | Form filed by M<br>Person  | lore than One Re   | porting  |  |
| (City)  | (State)                        | (Zip)                 | Table I   | - Non-Deri                                       | vative Se  | curities Acq     | uired, Disposed of   | , or Beneficial  | ly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)                                    | 2. Transaction<br>(Month/Day/Y | ear) Execu<br>any     | eemed<br>tion Date, if<br>h/Day/Year)   | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3,   | (A) or<br>of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |          |  |
| COMMON<br>STOCK   |                                |                       |   |  |  |                  | 1,016  | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 |   | onof Derivative |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                      |
|---|---|---|---|------------------------------------|---|-----------------|-----|--|--------------------|---|--------------------------------------|
|   |   |   |   | Code                               | V | (A)             | (D) | Date Exercisable   | Expiration<br>Date | Title   | Amour<br>or<br>Numbe<br>of<br>Shares |
| SOSAR   | \$ 11.02  | 03/02/2009                              |   | А                                  |   | 4,600           |     | 03/02/2010(1)  | 03/31/2014         | COMMON<br>STOCK   | 4,60                                 |
| SOSAR   | \$ 44.05  |   |   |                                    |   |                 |     | 01/18/2009   | 01/17/2013         | COMMON<br>STOCK   | 1,00                                 |
| SOSAR   | \$ 46.26  |   |   |                                    |   |                 |     | 03/01/2009   | 04/01/2013         | COMMON<br>STOCK   | 3,20                                 |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                       | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| 1   | Director      | 10% Owner | Officer | Other |  |  |  |
| KILBANE CATHERINE M<br>480 W DUSSEL DR.<br>MAUMEE, OH 43537 | Х             |           |         |       |  |  |  |
| Signaturos  |               |           |         |       |  |  |  |

## Signatures

Catherine M. Kilbane, by: Gary Smith, Limited Power of Attorney

\*\*Signature of 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) SOSAR vests 1/3 after 1 year; 2/3 after 2 years; and 100% after 3 years.

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.

03/03/2009

Date