Andersons, Inc. Form 4												
November 04, 2	2016											
FORM 4	4								0	MB APPRO	OVAL	
Washington, D.C. 20549						15510N	OMB Numl		35-0287			
Check this bo if no longer							NEDCI		Expir	es: Jar	uary 31, 2005	
subject to Section 16. Form 4 or		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP ( SECURITIES							burde	Estimated average burden hours per response 0.5		
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Sectio	on $17(a)$ of the	Section 16(a) of Public Utility He ) of the Investme	olding Co	mpany A	Act o	f 1935 o		I			
(Print or Type Resp	oonses)											
1. Name and Address of Reporting Person <u>*</u> Bowe Patrick E.							5. Relat Issuer	Relationship of Reporting Person(s) to ter (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction						an app	pilcable)		
PO BOX 119			(Month/Day/Year)XDi 11/02/2016XOi below)				Director 10% Owner Difficer (give title Other (specify below) President & CEO					
(Street)			4. If Amendment, Date Original 6. Ir			6. Indiv	dividual or Joint/Group Filing(Check					
			_X			_X_ For	icable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
MAUMEE, OF	H 43537						Person	In med by Mo	ore man	One Reportin	g	
(City)	(State)	(Zip)	Table I - Non	ı-Derivativ	e Securiti	ies Ace	quired, D	isposed of,	or Ber	neficially Ov	vned	
1.Title of Security (Instr. 3)		Fransaction Date onth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 3,	A and (A) or	d of (D)	5. Amoun Securities Beneficia Owned Following Reported Transactio (Instr. 3 a	s lly g on(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	11	/02/2016		$J_{\underline{(1)}}^{(1)}$	149	A (D)	\$ 39.15	61,798		D		
PERFORMAN SHARE UNIT (EPS) (2019)	ĊĒ							37,300 <u>(</u>	(2)	D		
PERFORMAN SHARE UNIT (TSR) (2019)	CE							37,300 <u>(</u>	(3)	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

## 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)

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. Transactio Code (Instr. 8)	5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	e	7. Title and A Underlying S (Instr. 3 and	Securities	8. P Der Sec: (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 35.4					11/02/2016	11/02/2022	Common Stock	325,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Bowe Patrick E. PO BOX 119 MAUMEE, OH 43537	Х		President & CEO					

## Signatures

Patrick E. Bowe, by: Mary Schroeder, Limited Power of	11/04/2016	
Attorney	11/04/2010	
**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) Dividend equivalent received.
- (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.

Stock performance unit (TSR) granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on the Company's

(3) annualized total shareholder return. Number of underlying shares are based upon the level of satisfaction of the total shareholder return 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.