SMITH GARY L Form 4 March 18, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

See Instruction

SMITH GARY L			Symbol ANDERSONS INC [ANDE]				Í	Issuer				
				ANDERSONS INC [ANDE]				(Check all applicable)				
(Last)	(First)	(Mic	ldle)	3. Date of Earliest Transaction								
				(Month/Da	y/Year)					Director		Owner
480 W DUSS	EL DR			03/17/2005						X Officer (give title Other (specify below)		
											ance & Treasur	er
										VI I IIIC	ince & Treasur	CI
	(Street)			4. If Amen	dment, I	Date	Original		(6. Individual or Joi	int/Group Filin	g(Check
				Filed(Montl	n/Day/Ye	ar)				Applicable Line)		
										X Form filed by O	1 0	
MAUMEE, C	OH 43537								Form filed by More than One Reporting Person			
(61:-)	(0)	(7										
(City)	(State)	(Z	ip)	Table	I - Non	-De	rivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of	2. Transaction	Date	2A. De	emed	3.		4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Y	ear)	Execut	ion Date, if	Transa	actio	on(A) or D		-	Securities	Ownership	Indirect
(Instr. 3)			any		Code		(Instr. 3,	4 and	5)	Beneficially	Form:	Beneficial
			(Month	n/Day/Year)	(Instr.	8)				Owned	Direct (D)	Ownership
										Following	or Indirect	(Instr. 4)
								(A)		Reported	(I)	
								or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
					Code	V	Amount	(D)	Price	(111str. 3 and 4)		
COMMON	03/17/2005				G		3	D	\$ 32 0	14,933.693	D	
STOCK	03/17/2003				J		3	ט	ψ 32.7	14,733.073	D	
COMMON									¢			
	03/18/2005				M		1,000	A	э 8.625	15,933.693	D	
STOCK									8.023			
COMMON	02/10/2005				Б		106	Ъ	¢ 22 0	15 427 602	Ъ	
STOCK	03/18/2005				F		496	D	\$ 32.9	15,437.693	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

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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. Transactic Code (Instr. 8)	5. Num conf Der Securi Acqui (A) or Dispo (D) (Instr. and 5)	rivative ities ared seed of 3, 4,	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 8.625	03/18/2005		M		1,000	01/01/2001	01/01/2006	COMMON STOCK	1,000
STOCK OPTION	\$ 8.875						01/01/1998	01/01/2008	COMMON STOCK	1,741
STOCK OPTION	\$ 12.7						01/01/2003	01/01/2008	COMMON STOCK	5,300
STOCK OPTION	\$ 15.967						01/01/2004	01/01/2009	COMMON STOCK	4,800
STOCK OPTION	\$ 10						01/01/2002	01/02/2007	COMMON STOCK	4,200

Reporting Owners

Reporting Owner Name / Address	Relationships							
• 0	Director	10% Owner	Officer	Other				
SMITH GARY L 480 W DUSSEL DR			VP Finance					
MAUMEE, OH 43537			& Treasurer					

Signatures

Gary Smith	03/18/2005			
**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).

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.

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