SMITH GARY L Form 4 August 29, 2006

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 obligations may continue. See Instruction

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

sponse... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

08/28/2006

STOCK

SMITH GAR	RYL	Symbol ANDERS	SONS INC [ANDE]	Issuer (Check all applicable)
(Last)	(First) (Mi	ddle) 3. Date of l	Earliest Transaction	(Check an applicable)
480 W DUSS	SEL DR	(Month/Da 08/28/20		Director 10% OwnerX_ Officer (give title Other (specify below) VP Finance & Treasurer
	(Street)	4. If Amen	dment, Date Original	6. Individual or Joint/Group Filing(Check
MAUMEE, C		Filed(Mont	•	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State) (Z	Table	I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned
1.Title of	2. Transaction Date		3. 4. Securities Acquired	
Security (Instr. 2)	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5)	9) Securities Ownership Indirect Beneficially Form: Beneficial
(Instr. 3)		any (Month/Day/Year)	(Instr. 8) (A) or Code V Amount (D) Pri	Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)
COMMON	08/28/2006		s 10,000 D \$	21 173 47 D

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

S

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SEC 1474

(9-02)

21,173.47

35.19

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10,000 D

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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. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Ao
PERFORMANCE SHARE UNIT	\$ 0 (1)					12/31/2007	01/01/2008	COMMON STOCK
PERFORMANCE SHARE UNIT	\$ 0 (2)					12/31/2008	01/01/2009	COMMON STOCK
SOSAR	\$ 39.115					04/01/2009	04/01/2011	COMMON STOCK
STOCK OPTION	\$ 6.35					01/01/2003	01/01/2008	COMMON STOCK
STOCK OPTION	\$ 7.9835					01/01/2004	01/01/2009	COMMON STOCK
STOCK OPTION	\$ 15.5					04/01/2005	03/31/2010	COMMON STOCK

Reporting Owners

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

Signatures

Gary Smith 08/29/2006

**Signature of Person

**Bate

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.

(2)

Reporting Owners 2

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Stock Performance Unit granted pursuant to The Andersons, Inc. Plan. Units vest 100% in 3 years contingent on cumulative EPS from 1/1/2006 to 12/31/2008. 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.