

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2007-12-04** | Period of Report: **2007-12-01**
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(HTML Version on secdatabase.com)

ISSUER

ANDERSONS INC

CIK: **821026** | IRS No.: **341562374** | State of Incorporation: **OH** | Fiscal Year End: **1231**
SIC: **5150** Farm product raw materials

Mailing Address
480 W DUSSEL DR
MAUMEE OH 43537

Business Address
480 W DUSSEL DR
MAUMEE OH 43537
4198935050

REPORTING OWNER

KILBANE CATHERINE M

CIK: **1266110**
Type: **3** | Act: **34** | File No.: **000-20557** | Film No.: **071283380**

Business Address
AMERICAN GREETINGS
CORP
ONE AMERICAN RD
CLEVELAND OH 44144
2162527300

| OMB APPROVAL | |
|---------------------------------------------|------------|
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person <u>KILBANE CATHERINE M</u> (Last) (First) (Middle) 480 W DUSSEL DR. (Street) MAUMEE, OH 43537 (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2007 | 3. Issuer Name and Ticker or Trading Symbol <u>ANDERSONS INC [ANDE]</u> | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) | 5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| | | | |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|

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

| | | | | | | | |
|--------------------------------------------|----------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Signatures

Catherine M. Kilbane
 ** Signature of Reporting Person

11/29/2007
 Date

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

* 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.

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 Number.