SANDERSON FARMS INC

Form 4/A

September 27, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

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

obligations

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 may continue.

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

SANDERSON FARMS INC

See Instruction

Symbol

1(b).

(Print or Type Responses)

GRIMES JAMES A

1. Name and Address of Reporting Person *

				[SAFM]					(Check all applicable)			
(Last) (First) (Middle) 127 FLYNT ROAD			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2007					Director 10% Owner _X_ Officer (give title Other (specify below) Sec'y/Chief Acctg. Officer				
				nendment, Date Original (onth/Day/Year) /2007				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	Secu	rities Acq	uired, Disposed o	of, or Beneficia	ally Owned	
	1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Executio any	med n Date, if Day/Year)	Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Stock	03/15/2007			M	2,813	A	\$ 7.4	17,497	D		
	Common Stock	03/15/2007			M	5,625	A	\$ 12.37	23,122	D		
	Common Stock	03/15/2007			S	8,438	D	\$ 34.28	14,684	D		
	Common Stock								12,410	I	Shares allocated to the Reporting Person's	

Issuer **ESOP** account

(9-02)

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 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. Transaction Code (Instr. 8)	5. Number etionof Derivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Options (Right to Buy)	\$ 7.4	03/15/2007		M		2,813	04/27/2002(1)	04/26/2011	Common Stock	2,813
Employee Stock Options (Right to Buy)	\$ 12.37	03/15/2007		М		5,625	07/25/2003(1)	07/24/2012	Common Stock	5,625

Reporting Owners

Reporting Owner Name / Address	Relationships						
		Officer	Other				
GRIMES JAMES A							
127 FLYNT ROAD			Sec'y/Chief Acctg. Officer				
LAUREL, MS 39443							

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Signatures

/s/ James A. 09/27/2007 Grimes

**Signature of Date
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) Exercisable for a 10-year period, with vesting beginning on the date indicated, which was one year after the date of grant. Vesting continues thereafter at 25% per year on each anniversary date until fully vested.

Remarks:

a currently valid OMB number.

This amended Form 4 is being filed to include as Exhibit 24 a copy of Mr. Grimes' statement confirming that he has authorized 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

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