Edgar Filing: Bierbusse John - Form 4

| Bierbusse Jo Form 4 January 05, 2 | 2009 | | | | | | | | | PROVAL | |
|--|---|---|--|--|-----------|--|------------------------|---|--|--|--|
| FORN Check th | UNITED | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | 3235-0287 January 31, | |
| if no long subject to Section 1 Form 4 o | 5 STATEN 16. | | | | | | | | | Expires: 2005 Estimated average burden hours per response 0.5 | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| 1. Name and A Bierbusse J | 2. Issuer Name and Ticker or Trading Symbol | | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | SANDERSON FARMS INC [SAFM] | | | | | (Check all applicable) | | | | |
| (Mont | | | 3. Date of Earliest Transaction Month/Day/Year) 12/31/2008 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | Amendment, Date Original (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| LAUREL, MS 39443 Form filed by More than One Reporting Person | | | | | | | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | Date, if | Code (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| - | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 12/31/2008 | | | А | 145 | А | \$ 34.56 | 5,013 | D | | |
| Common Stock | 12/31/2008 | | | А | 36 | А | \$ 0 <u>(1)</u> | 5,049 | 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 number.

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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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Ownd Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| I State and a state | Director | 10% Owner | Officer | Other | | | | |
| Bierbusse John 127 FLYNT ROAD LAUREL, MS 39443 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ D. Michael Cockrell, Attorn | ney | | | | | | | |
| In Fact | | 01/05/2 | 2009 | | | | | |
| **Signature of Reporting Person | | Da | te | | | | | |
| Explanation of Responses: | | | | | | | | |

analion of nesponses.

* 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) Shares granted by the Issuer pursuant to the matching contribution provisions of the Issuer's Management Share Purchase Plan.

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.