Edgar Filing: SANDERSON FARMS INC - Form 4

| Form 4 | N FARMS INC | | | | | | | | | | | |
|--|---|--|---|---|------------|----------|------------------------|--|---|---|--|--|
| January 02, 2 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB | APPROVAL 3235-0287 | | | |
| Check this | s box | Washington, D.C. 20549 | | | | | | | Number: | January 31, | | |
| if no long subject to Section 16 Form 4 or | 5. 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES | | | | | | | | Expires: 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may conti <i>See</i> Instru- 1(b). | nue. Section 17(a | a) of the 1 | Public U | | ling Cor | npan | y Act of | e Act of 1934, f 1935 or Sectio 40 | n | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> COCKRELL D MICHAEL | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | SANDERSON FARMS INC [SAFM] | | | | | (Check all applicable) | | | | | |
| (Last) 127 FLYNT | · · · · · | Middle) 3. Date of Earliest Transa (Month/Day/Year) 12/30/2014 | | | | | | _X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) | | | | |
| | | | | | | | | Treasurer & CFO | | | | |
| | | | | I. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LAUREL, M | IS 39443 | | | | | | | Form filed by M Person | Iore than One R | eporting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | rities Acq | uired, Disposed of | f, or Beneficia | lly Owned | | |
| | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | 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 | 12/30/2014 | | | F | 69 | (D) D | \$ 86.87 | 80,607 | D | | | |
| Common Stock | | | | | | | | 4,645 | I | Allocated to Reporting Person's Account in Issuer ESOP. | | |

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

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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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|-----------------|--------------|-------------|---------|--------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | 'Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | | | |
| | | | | | | Date | Expiration | Title | or Number | | |
| | | | | | | Exercisable | Date | The | of | | |
| | | | | Code V | (Λ) (D) | | | | Shares | | |
| | | | | Coue v | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| COCKRELL D MICHAEL 127 FLYNT ROAD LAUREL, MS 39443 | Х | | Treasurer & CFO | | | | |
| Signatures | | | | | | | |
| /s/ Timothy F. Rigney, Attorney-in-Fact | 01/02/2015 | | | | | | |
| **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.