Edgar Filing: SANDERSON FARMS INC - Form 4

| SANDERSO Form 4 October 04, 2 | N FARMS INC 2016 | | | | | | | | | | |
|---|-------------------------------------|--|--|--|-----------|-----------|-------------------------------------|---|------------------------|--|--|
| | | | | | | | | PPROVAL | | | |
| | UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti | er STATEN 6. Filed put | STATEMENT OF CHANGES IN 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 | | | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | |
| <i>See</i> Instru 1(b). | iction | | | | Compun | <i>j</i> | | · | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> BAKER JOHN H III | | | 2. Issuer Name and Ticker or Trading Symbol SANDERSON FARMS INC [SAFM] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mor | | | (Month/D | Date of Earliest Transaction Aonth/Day/Year) 9/30/2016 | | | | _X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| Filed(Mc | | | | eendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LAUREL, N | 18 39443 | | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed (Month/Day/Year) 2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 09/30/2016 | | | A | 163 | A | \$ 96.33 | 17,004 | D | | |
| Common Stock | 09/30/2016 | | | А | 40 | А | \$ 0 <u>(1)</u> | 17,044 | D | | |
| Common Stock | 09/30/2016 | | | F | 106 | D | \$ 96.33 | 16,938 | D | | |

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

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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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno 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 | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| BAKER JOHN H III 127 FLYNT ROAD LAUREL, MS 39443 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ D. Michael Cockrell, Attorney-in-Fact | 10/04/2016 | | | | | | |
| **Signature of Reporting Person | | Da | te | | | | |
| | | | | | | | |

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) 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.