SANDERSON FARMS INC

Form 4 April 01, 2016

FORM 4

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

Issuer

OMB APPROVAL

Number:

5. Relationship of Reporting Person(s) to

3235-0287 January 31,

2005

Expires:

0.5

Estimated average burden hours per response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

See Instruction

Symbol

1(b).

RIGNEY TIM

(Print or Type Responses)

1. Name and Address of Reporting Person *

| | | | SANDERSON FARMS INC [SAFM] | | | | (Check all applicable) | | | | | |
|--------------------------------------|--|-----------------|---|-------------------|----|------------------------------------|---|-------------|--|--|--|--|
| (Last) (First) (Mid | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2016 | | | | | | Director 10% Owner _X Officer (give title Other (specify below) Controller/Secretary | | | |
| | 4. 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, | MS 39443 | | | | | | | | Person | More than One R | eporting | |
| (City) | (State) | (Zip) | Tab | le I - Non | -D | erivative | Secui | ities Acq | uired, Disposed o | of, or Beneficia | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year |) Execution any | med in Date, if Day/Year) | Code (Instr. 8 | | 4. Securion(A) or Di (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 | 03/31/2016 | | | A | | 14 | A | \$ 90.18 | 5,914 | D | | |
| Common Stock | 03/31/2016 | | | A | | 3 | A | \$ 0 (1) | 5,917 | D | | |
| Common Stock | | | | | | | | | 2,735 <u>(2)</u> | I | Allocated to Reporting Person's Account in Issuer ESOP | |

Common Stock 35.13 I By 401(k) Plan

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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8) | 5. ioiNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and | nt of lying ties | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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

Director 10% Owner Officer Other

RIGNEY TIM 127 FLYNT ROAD LAUREL, MS 39443

Controller/Secretary

Signatures

/s/ D. Michael Cockrell, Attorney-in-Fact 04/01/2016

**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).
- (1) Shares granted by the Issuer pursuant to the matching contribution provisions of the Issuer's Management Share Purchase Plan.
- (2) Reflects allocations not reported on the Reporting Person's previous ownership report.

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.

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