## Edgar Filing: SANDERSON FARMS INC - Form 4

| SANDERSON FARM<br>Form 4<br>June 03, 2015   | IS INC   |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| FORM 4 UN<br>Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5 Fi<br>obligations | Washington,<br>F CHANGES IN 1<br>SECUR<br>Section 16(a) of the | <b>ETTIES AND EXCHANGE CON</b><br><b>Shington, D.C. 20549</b><br><b>GES IN BENEFICIAL OWNER</b><br><b>SECURITIES</b><br>6(a) of the Securities Exchange Active ility Holding Company Act of 193 |  |   | OMB<br>Number:<br>Expires:<br>Estimated a<br>burden hou<br>response  |  |  |
| may continue.<br><i>See</i> Instruction<br>1(b).<br>(Print or Type Responses)                                     | 30(h)  | of the Investment   | Company A  | ct of 194   | 0  |  |  |
| 1. Name and Address of R<br>LIVINGSTON PHIL   |  | 2. Issuer Name and<br>Symbol<br>SANDERSON FA<br>[SAFM]  |  | ling  | 5. Relationship of<br>Issuer<br>(Chec  | Reporting Pers<br>k all applicable                                   |  |
| (Last) (First) 127 FLYNT ROAD   | 3. Date of Earliest Tra<br>(Month/Day/Year)<br>06/01/2015      | ansaction   |  | _X_ Director10% Owner<br>Officer (give titleOther (specify<br>below) below)   |  |  |  |
| (Street)  | 4. If Amendment, Da<br>Filed(Month/Day/Year)                   | -   |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |  |  |
| LAUREL, MS 39443  |  |   |  |   | Person   |  |  |
| (City) (State)<br>1.Title of 2. Transac<br>Security (Month/D<br>(Instr. 3)  | any  | med 3.  | 4. Securities A<br>m(A) or Dispos<br>(Instr. 3, 4 and<br>(A)<br>or | Acquired<br>ed of (D)<br>d 5)   | uired, Disposed of<br>5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial |
| Common 06/01/20<br>Stock  | 015  | S   | 500 D  | \$<br>80.32   | 1,367  | Ι  | By Spouse                              |
| Common<br>Stock   |  |   |  |   | 12,232   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                          | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| I B   | Director      | 10% Owner | Officer | Other |  |  |  |
| LIVINGSTON PHIL K<br>127 FLYNT ROAD<br>LAUREL, MS 39443 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ D. Michael Cockrell,<br>Attorney-in-Fact            |               | 06/03     | /2015   |       |  |  |  |
| **Signature of Reporting Person                         |               | Dat       | te      |       |  |  |  |
| Explanation of Responses:                               |               |           |         |       |  |  |  |

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\* 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.