Edgar Filing: Mestayer Suzanne T - Form 4

Mestayer Su Form 4	izanne T										
July 03, 201									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANG Washington, D.C. 20549							NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject to Section 7 Form 4 c	o STATEN 16.	box statement of changes in Beneficial ownership of								Expires: January 31 2009 Estimated average burden hours per response 0.9	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the l	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section) of the Investment Company Act of 1940								
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Mestayer Suzanne T			2. Issuer Name and Ticker or Trading Symbol SANDERSON FARMS INC [SAFM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(f Earliest Tr Day/Year) 018	ransaction			X_ Director10% Owner Officer (give titleOther (specify below) below)			
	(Street)			endment, Da hth/Day/Year	-	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW ORL	EANS, LA 70163							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secui	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date,		n Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	06/29/2018			A	94	A	\$ 105.15	1,350	D		
Common Stock	06/29/2018			А	23	А	\$ 0 <u>(1)</u>	1,373	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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							
reporting o wher reality realities	Director	10% Owner	Officer	Other				
Mestayer Suzanne T 1100 POYDRAS STREET SUITE 1460 NEW ORLEANS, LA 70163	Х							
Signatures								
/s/ Tim Rigney, Attorney-in-Fact	07	//03/2018						
**Signature of Reporting Person		Date						
Explanation of Responses:								

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.