Edgar Filing: REX AMERICAN RESOURCES Corp - Form 4

| REX AMER Form 4 April 04, 20 | RICAN RESOUR | CES Corp | | | | | | | | |
|--|---|--|---------------------------|--------------------------------|---|------------|---|--|--|---|
| | ЛЛ | | | | | | | | OMB AF | PROVAL |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Section 16. | | | | GES IN SECUR | | NERSHIP OF | Expires: January 31 2009 Estimated average burden hours per | | | |
| Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b). | Filed pur ons Section 17(| a) of the Pu | ublic Ut | | ding Con | ipany | Act of | e Act of 1934, 1935 or Sectior 0 | response | 0.5 |
| (Print or Type] | Responses) | | | | | | | | | |
| ROSE STUART A Symbol | | | Name and MERICA EX] | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 7720 PARA | (First) (1 AGON ROAD | (1 | | Earliest Tr ay/Year))14 | ransaction | | | X Director X Officer (give below) | $\begin{array}{c} \underline{X} 10\% \\ \text{title} \underline{M} 0 \text{the below} \\ \text{below} \end{array}$ | o Owner r (specify |
| | | | ndment, Da h/Day/Year | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DAYTON, | OH 45459 | | | | | | | Form filed by M Person | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | Derivative | Securi | ties Acqu | uired, Disposed of | , or Beneficial | y Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day | Date, if | Code | 4. Securit on(A) or Dis (Instr. 3, 4) | sposed | 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 \$.01 par value | 04/02/2014 | | | S | 50,000 | | \$ 57.35 | 1,304,758 | 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.

 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. Transac Code (Instr. 8 | of B) De Se Ac (A Di of (In | mber rivativ curities quired) or sposed (D) str. 3, and 5) | | | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|------------------------------------|--|---|---------------------|--------------------|------------------------|--|---|--|
| | | | Code | V (A |) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ROSE STUART A 7720 PARAGON ROAD DAYTON, OH 45459 | Х | Х | COB; CEO | | | | | |
| Signatures | | | | | | | | |
| Edward M. Kress Attorney in F Rose | 04/04/2014 | | | | | | | |
| **Signature of Reporting I | 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.