SANDERSON FARMS INC

Form 4/A March 09, 2005

FORM 4

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

OMB APPROVAL OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 4 or Form 5 obligations **SECURITIES**

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

may continue. See Instruction

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

SANDERSON FARMS INC

Symbol

[SAFM]

1(b).

(Print or Type Responses)

SANDERSON JOE F JR

1. Name and Address of Reporting Person *

			-	-							
(Last)	` ,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					X Director X Officer (g below)		0% Owner Other (specify	
225 N. 13TH AVENUE, P.O. BOX 988			03/03/2005					CEO, Chairman of Board			
Filed(Mo				f Amendment, Date Original ed(Month/Day/Year) /07/2005			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LAUREL, MS 39440				70112005				Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	Securit	ties Acc	quired, Disposed	of, or Benefic	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securitie or(A) or Disp (Instr. 3, 4)	osed o	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)	
Stock	03/03/2005			A	100,000	A	<u>(1)</u>	1,094,854	D		
Common Stock								78,762	I	Allocated to Reporting Persons account in Issuer ESOP	
Common Stock								9,808 (2)	I	By Spouse	
Common								28,225 (2)	I	As	

Stock

for Estate of Joe Frank Sanderson

co-executor

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exerc Expiration D		7. Title an Amount of		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ıg	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	_	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr. 3 a	nd 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δn	nount		
								or	lount		
							Expiration Date		mber		
								of	111001		
				Code V	(A) (D)				ares		

Reporting Owners

Director	10% Owner	Officer	Other
	Director	Director 10% Owner	Relationships Director 10% Owner Officer

225 N. 13TH AVENUE P.O. BOX 988

X CEO, Chairman of Board

LAUREL, MS 39440

Signatures

/s/ D. Michael Cockrell, 03/09/2005 Attorney-in-Fact

> **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)** The reported transaction was a grant of restricted stock for no consideration. Thus, there is no price.

Reporting Owners 2

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(2) The Reporting Person disclaims beneficial ownership of these shares.

Remarks:

This amended Form 4 is being filed to place a check mark in the applicable line in Box 5 indicating that Reporting Person is 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.