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ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 13, 2015

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

0.5

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if no longer subject to Section 16. Form 4 or

Form 5 obligations 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * **GRAVES JUDY T**

(First)

2. Issuer Name and Ticker or Trading Symbol

ALLIED HEALTHCARE PRODUCTS INC [AHPI]

3. Date of Earliest Transaction

(Month/Day/Year) 11/12/2015

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Middle)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X_ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

ST. LOUIS, MO 63122

13317 WESTERMAN RD.

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed

(Month/Day/Year)

4. Securities 3. (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common stock

1.Title of

Security

(Instr. 3)

(A)

or

500

D

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Number out 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)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase common stock	\$ 3.55					11/10/2012	11/10/2021	Common stock	1,500
Option to purchase common stock	\$ 4.34					11/11/2011	11/11/2020	Common stock	1,500
Option to purchase common stock	\$ 5.04					11/13/2010	11/13/2019	Common stock	1,500
Option to purchase common stock	\$ 4.05					11/13/2009	11/13/2018	Common stock	1,500
Option to purchase common stock	\$ 6.73					11/08/2008	11/08/2017	Common stock	1,500
Option to purchase common stock	\$ 5.24					11/16/2007	11/16/2016	Common stock	1,500
Option to purchase common stock	\$ 5.63					11/14/2006	11/14/2015	Common stock	1,500
Option to purchase common stock	\$ 2.59					11/08/2013	11/08/2022	Common stock	1,500
Option to purchase	\$ 2.31					11/14/2014	11/14/2023	Common stock	1,500

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common stock								
Option to purchase common stock	\$ 1.58				11/13/2015	11/13/2024	Commonm stock	1,500
Option to purchase common stock	\$ 1.17	11/12/2015	A	1,500	11/12/2016	11/12/2025	Commonm	1,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
GRAVES JUDY T 13317 WESTERMAN RD. ST. LOUIS, MO 63122	X					

Signatures

Judy T. Graves 11/13/2015

**Signature of 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) (1) Issued pursuant to the Company's 2013 Director's Stock Option 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.

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