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ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 09, 2007

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

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Estimated average

response...

burden hours per

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * PECK WILLIAM A

5. Relationship of Reporting Person(s) to Issuer

Symbol

ALLIED HEALTHCARE PRODUCTS INC [AHPI]

(Check all applicable)

(Last) (First) (Middle)

(Street)

3. Date of Earliest Transaction

X Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) 35 CROSBY DRIVE

11/08/2007

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

Person

below)

BEDFORD, MA 01730

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

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

(A) or

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

Code V Amount (D) Price

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 Security or Exercise

Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase common stock	\$ 6.73	11/08/2007		A	1,500	11/08/2008	11/07/2017	Common stock	1,500
Option to purchase common stock	\$ 5.24					11/16/2007	11/15/2016	Common stock	1,500
Option to purchase common stock	\$ 5.63					12/14/2006	12/13/2015	Common stock	1,500
Option to purchase common stock	\$ 6.841					11/12/2005	11/11/2014	Common stock	1,500
Option to purchase common stock	\$ 3.9					11/14/2004	11/13/2013	Common stock	1,500
Option to purchase common stock	\$ 2.9					11/15/2003	11/14/2012	Common stock	1,500
Option to purchase common stock	\$ 3.4					11/13/2002	11/12/2011	Common stock	1,000
Option to purchase common stock	\$ 2.75					11/14/2001	11/13/2010	Common stock	1,000
Option to purchase common stock	\$ 2.31					11/12/2000	11/11/2009	Common stock	1,500

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Option to purchase common stock	\$ 1.875	04/01/2000	03/31/2009	Common stock	500
Option to purchase common stock	\$ 2.5	11/16/1999	11/15/2008	Common stock	1,000
Option to purchase common stock	\$ 7.63	11/17/1998	11/16/2007	Common stock	1,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting o where there is a real constant of	Director	10% Owner	Officer	Other		
PECK WILLIAM A 35 CROSBY DRIVE BEDFORD, MA 01730	X					

Signatures

William A.
Peck, M.D.

**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) Issued pursuant to the Company's 2005 Directors' 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.

Reporting Owners 3