Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 04, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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

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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

1(b).

(Print or Type Responses)

PECK WILLIAM A Syn			2. Issuer Name and Ticker or Trading Symbol ALLIED HEALTHCARE PRODUCTS INC [AHPI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 35 CROSBY		(Month/I	3. Date of Earliest Transaction (Month/Day/Year) 11/02/2010				_X_ Director Officer (giv below)		6 Owner er (specify	
BEDFORD,	nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)		Zip) Tah	la I. Non D	Anivativa (Soones	itios A or	Person	of ar Panaficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	1 av.	3. Transaction	4. Securion(A) or D (D) (Instr. 3,	ties A ispose 4 and (A) or	cquired d of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock	11/02/2010		M	1,000	A	\$ 2.75	1,000	D		

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)

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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 on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date	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	\$ 5.04					11/13/2010	11/12/2019	Common stock	1,500	
Option to purchase common stock	\$ 4.05					11/13/2009	11/12/2018	Common stock	1,500	
Option to purchase common stock	\$ 6.73					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	\$ 3.4					11/13/2002	11/12/2011	Common stock	1,000	

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common stock

Option to

purchase common \$ 2.75 11/02/2010 M 1,000 11/14/2001(1) 11/13/2010 Common stock 1,000

stock

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

PECK WILLIAM A 35 CROSBY DRIVE BEDFORD, MA 01730

X

Signatures

William A. Peck, M.D. 11/04/2010

**Signature of Date
Reporting Person

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) Options may not be exercised for a period of one year from the date of the grant and thereafter are exercisable in full.

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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