## Edgar Filing: ROSENTRATER ELDON P - Form 4

ROSENTRA' Form 4 February 11,		Р									
FORM	4									PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no long	ar								Expires:	January 31, 2005	
subject to STATEMENT OF CHAN Section 16.				NGES IN BENEFICIAL OWNER SECURITIES				NERSHIP OF	Estimated a burden hou	average	
Form 4 or Form 5			Casting 14	$( \cdot ) = f \cdot i \cdot $	C	<b>F</b>	1		response	. 0.5	
obligation may conti <i>See</i> Instru 1(b).	<sup>s</sup> Section 1	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, ff 1935 or Sectio 40	n		
(Print or Type R	esponses)										
ROSENTRATER ELDON P Sym AL				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLIED HEALTHCARE PRODUCTS INC [AHPI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			Director		% Owner	
			(Month/D 02/10/20	-				_X_ Officer (give title Other (specify below) below) VP - Administration			
				If Amendment, Date Original ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
ST. LOUIS,	MO 63110							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D 4 and (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common stock	02/10/2011			S S	4,200	D)	\$ 4.5	7,800	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisable and orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying SecuritiesI(Instr. 3 and 4)S		8. De Se (Iı
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to purchase common stock	\$ 3.35					04/09/2002 <u>(1)</u>	04/09/2011	Common stock	12,169	

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## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships							
1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Director	10% Owner	Officer	Other					
ROSENTRATER ELDON F 1720 SUBLETTE AVENUE ST. LOUIS, MO 63110			VP - Administration						
Signatures									
Eldon P. Rosentrater	)2/11/2011								

<u>\*\*</u>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) 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.