Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 12, 2009

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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response...

Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

subject to

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 Sy			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	· · ·	(Mon	3. Date of Earliest Transaction (Month/Day/Year) 11/10/2009				_X_ Director Officer (giv below)		6 Owner er (specify	
				nendment, Date Original fonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
BEDFORD,					Form filed by More than One Reporting Person					
(City)	(State) ((Zip)	able I - Non-I	Derivative S	Securi	ities Aco	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	Code	4. Securi on(A) or D (D) (Instr. 3,	4 and (A) or	d of 5) Price	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)	
Common stock	11/10/2009		M	1,500	A	\$ 2.31	1,500	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)	Securities	re Expiration Date (Month/Day/Yea	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	\$ 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 common stock	\$ 3.4					11/13/2002	11/12/2011	Common stock	1,000	
Option to purchase	\$ 2.75					11/14/2001	11/13/2010	Common stock	1,000	

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common stock

Option to

purchase common \$ 2.31 11/10/2009 M 1,500 11/12/2000(1) 11/11/2009 Common stock 1,500

stock

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

PECK WILLIAM A

35 CROSBY DRIVE

BEDFORD, MA 01730

Signatures

William A. Peck, M.D. 11/10/2009

**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) 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.

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