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ALLIED CA	APITAL CORP										
Form 4											
March 24, 2								<u></u>			
FORM			SECU	DITIES			COMMERION	- .T	PPROVAL	-	
	UNITED	SIAIES		shington			COMMISSION	OMB Number:	3235-0	287	
Check th if no lon	ger							Expires:	January	31, 005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL (SECURITIES						ICIAL OV	WNERSHIP OF Estimated average				
Section						burden hours per					
Form 4 o Form 5				16(a) = f + 1	. C	dian Errohan	· · · · · · · · · · · · · · · · · · ·	response	•	0.5	
obligatio							nge Act of 1934, of 1935 or Section	on			
may con	itinue.	• •		•	U	ny Act of 1		511			
<i>See</i> Instr 1(b).	ruction	50(II)	of the fi	livestillen	i Compa		740				
1(0).											
(Print or Type	Responses)										
	Address of Reporting	g Person <u>*</u>		. Issuer Name and Ticker or Trading			5. Relationship o Issuer	5. Relationship of Reporting Person(s) to			
-				Symbol			155001				
			ALLIE	ALLIED CAPITAL CORP [ALD]			(Check all applicable)				
(Last)	(First)	(Middle)		of Earliest T	ransaction						
	ICX/I X/ A NILA AX			Month/Day/Year)			Director X_ Officer (giv		% Owner		
NW, 3RD I	ISYLVANIA AV	VENUE,	03/24/2	2005			below)	below)			
IN W, JKD I	LOOK						Ma	naging Directo	r		
	(Street)		4. If Am	endment, D	ate Origina	ıl	6. Individual or .	Joint/Group Fili	ing(Check		
Filed(Month/Day/Year) Applicable Line)											
WASHINGTON, DC 20006 Form filed by More than One Reporting Person											
WASHING	1011, DC 20000)					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature o	of	
Security	(Month/Day/Year)		Date, if		nAcquired			Form: Direct	Indirect Demoficial		
(Instr. 3)		any (Month/D	av/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4		•	(D) or Indirect (I)	Ownership		
		`	,		× /	,	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				a		or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(
Reminder: Re	port on a separate lin	e for each cl	lass of sec	urities bene	ficially ow	ned directly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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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) 				(Instr.		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	03/24/2005		А		3,237		(2)	(3)	Common Stock	3,237	\$ 26.5

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
ROSS EDWARD H							
1919 PENNSYLVANIA AVENUE, NW	Managing						
3RD FLOOR			Director				
WASHINGTON, DC 20006							
Signatures							
s/ Edward H							

s/ Edward H.	03/24/2005
Ross	03/24/2003

<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) Phantom Stock Units acquired have a 1 for 1 conversion.
- (2) The phantom stock units were awarded under the Allied Capital Corporation Deferred Compensation Plan II and are fully vested.
- (3) Upon termination, phantom stock units will be distributed over a two year period or immediately upon a change in control.
- (4) Securities adjusted for Non-Reportable Transactions.

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.