### Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

#### ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 13, 2015

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

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16.

**SECURITIES** Form 4 or Form 5 obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **GRAVES JUDY T** Issuer Symbol ALLIED HEALTHCARE (Check all applicable) PRODUCTS INC [AHPI]

(Last) (First) (Middle) 3. Date of Earliest Transaction X\_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below)

13317 WESTERMAN RD. 11/12/2015

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

ST. LOUIS, MO 63122

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of 3.

Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Beneficially Beneficial Disposed of (D) (D) or (Month/Day/Year) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Instr. 8) Following (Instr. 4) (Instr. 4)

> Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price Common

500 D stock

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)

## Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

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 out of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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	\$ 3.55					11/10/2012	11/10/2021	Common stock	1,500
Option to purchase common stock	\$ 4.34					11/11/2011	11/11/2020	Common stock	1,500
Option to purchase common stock	\$ 5.04					11/13/2010	11/13/2019	Common stock	1,500
Option to purchase common stock	\$ 4.05					11/13/2009	11/13/2018	Common stock	1,500
Option to purchase common stock	\$ 6.73					11/08/2008	11/08/2017	Common stock	1,500
Option to purchase common stock	\$ 5.24					11/16/2007	11/16/2016	Common stock	1,500
Option to purchase common stock	\$ 5.63					11/14/2006	11/14/2015	Common stock	1,500
Option to purchase common stock	\$ 2.59					11/08/2013	11/08/2022	Common stock	1,500
Option to purchase	\$ 2.31					11/14/2014	11/14/2023	Common stock	1,500

### Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

common stock								
Option to purchase common stock	\$ 1.58				11/13/2015	11/13/2024	Commonm stock	1,500
Option to purchase common stock	\$ 1.17	11/12/2015	A	1,500	11/12/2016	11/12/2025	Commonm	1,500

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
GRAVES JUDY T 13317 WESTERMAN RD. ST. LOUIS, MO 63122	X					

# **Signatures**

Judy T. Graves 11/13/2015

\*\*Signature of 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) (1) Issued pursuant to the Company's 2013 Director's 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