Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 14, 2011

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

Expires:

January 31, 2005

0.5

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

Check this box

obligations may continue.

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)

See Instruction

1. Name and Address of Reporting Person *

PECK WILLIAM A

2. Issuer Name and Ticker or Trading

Symbol

ALLIED HEALTHCARE PRODUCTS INC [AHPI]

5. Relationship of Reporting Person(s) to Issuer

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 11/10/2011

(Check all applicable) X_ Director 10% Owner

Officer (give title Other (specify below)

ONE BROOKINGS DRIVE, CAMPUS BOX 1159

> (Street) 4. If Amendment, Date Original

Filed(Month/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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

ST. LOUIS, MO US 63130

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) Following (Instr. 4) (Instr. 4)

Reported

(A) Transaction(s) or (Instr. 3 and 4)

Common

(Instr. 3)

Code V Amount (D) Price

1,000 D

stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	Code	5. Number on f 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	11/10/2011		A	1,500	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 stcok	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					12/14/2006	12/14/2015	Common stock	1,500
Option to purchase common stock	\$ 6.84					11/12/2005	11/12/2014	Common stock	1,500
Option to purchase	\$ 3.9					11/14/2004	11/14/2013	Common stock	1,500

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common stock

Option to

stock

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

PECK WILLIAM A

ONE BROOKINGS DRIVE
CAMPUS BOX 1159

ST. LOUIS, MO US 63130

Signatures

William A. Peck 11/14/2011

**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) (1) Issued pursuant to the Company's 2005 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