Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

ALLIED HEALTHCARE PRODUCTS INC

Form 4

December 12, 2011

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

OMB Number:

3235-0287

0.5

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

OMB APPROVAL

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Form 4 or Form 5 obligations may continue. See Instruction

Section 16.

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)

1. Name and Address of Reporting Person * PECK WILLIAM A

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

ALLIED HEALTHCARE

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(Instr. 3)

(First)

(Middle)

PRODUCTS INC [AHPI] 3. Date of Earliest Transaction

X_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) 12/08/2011

ONE BROOKINGS

DRIVE, CAMPUS BOX 1159

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

ST. LOUIS, MO US 63130

(City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if

4. Securities Acquired 3. Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

(Month/Day/Year)

(A) or Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Common 12/08/2011 stock

S D 1,000 3.276

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.

SEC 1474 (9-02)

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)	5. conNumber 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)		8. Pri Deriv Secui (Instr
				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 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	

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Option to purchase common stock	\$ 3.9	11/14/2004	11/14/2013	Common stock	1,500
Option to purchase common stock	\$ 2.9	11/15/2003	11/15/2012	Common stock	1,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
rg	Director	10% Owner	Officer	Other		
PECK WILLIAM A ONE BROOKINGS DRIVE CAMPUS BOX 1159 ST. LOUIS, MO US 63130	X					

Signatures

William A. Peck 12/12/2011

**Signature of Person Date

Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

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

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).