

ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 04, 2010

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

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

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

OMB APPROVAL

OMB
Number: 3235-0287
Expires: January 31,
2005
Estimated average
burden hours per
response... 0.5

(Print or Type Responses)

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

(Check all applicable)

(Last) (First) (Middle)
35 CROSBY DRIVE
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
11/02/2010

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

BEDFORD, MA 01730

4. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check
Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting
Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V	Amount	(A) or (D)	Price
Common stock	11/02/2010		M		1,000	A	\$ 2.75
					1,000		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)**

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. Transaction Code (Instr. 8)	5. Number 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	\$ 5.04					11/13/2010 11/12/2019	Common stock 1,500
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	\$ 3.4					11/13/2002 11/12/2011	Common stock 1,000

common
stock

Option to
purchase
common
stock

\$ 2.75

11/02/2010

M

1,000

11/14/2001⁽¹⁾

11/13/2010

Common
stock

1,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PECK WILLIAM A 35 CROSBY DRIVE BEDFORD, MA 01730	X			

Signatures

William A.
Peck, M.D. 11/04/2010

__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) Options may not be exercised for a period of one year from the date of the grant and thereafter are exercisable in full.

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.