HOFFMAN SHELDON

Form 4

August 26, 2009

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

0.5

Form 4 or Form 5 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

response...

burden hours per

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HOFFMAN SHELDON			2. Issuer Name and Ticker or Trading Symbol ALPHA PRO TECH LTD [APT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First)		(Middle)	3. Date of Earliest Transaction	(==== an approaete)			
			(Month/Day/Year)	X Director 10% Owner			
60 CENTURIAN DRIVE SUITE # 112			08/25/2009	_X_ Officer (give title Other (specify below)			
				C.E.O.			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
MARKHAM, A6 L3R 9R2				_X_ 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. 4. Securities Acq Transaction Disposed of (E Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D)			(D)	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)
common stock	08/25/2009		S	96,300	D	\$ 4.3125	1,133,889 (2)	D	
common stock	08/26/2009		S	3,700	D	\$ 4.2303	1,130,189	D	
commom stock							73,337 (1)	I	by spouse, Mr Hoffman disclaims beneficial ownership
							410,051	I	

common stock

by trust, Mr Hoffman disclaims benefical ownership in Hoffman family trust

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)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transac Code (Instr. 8	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Keiauonsinps						
	Director	10% Owner	Officer	Other			
HOFFMAN SHELDON 60 CENTURIAN DRIVE SUITE # 112 MARKHAM, A6 L3R 9R2	X		C.E.O.				

Signatures

SHELLY
HOFFMAN 08/26/2009

**Signature of Reporting Person Date

Reporting Owners 2

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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) this number has been increased by 335 shares, to correct an error, as it was entered incorrectly as 73,002 and should be 73,337.
- (2) the number of shares owned need to be increased by 553 shares to correct an error, this correction has now been made

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.