Edgar Filing: ALLIED CAPITAL CORP - Form 4

ALLIED CA	APITAL CORP										
Form 4											
September 1	19, 2007										
FORM	ΛΔ						COMMISSION		PPROVA	L	
	N OMB Number:	3235-0287									
Check th							Expires:	Januar	•		
if no lon subject t		AENT OI	F CHAN	NGES IN	BENEF	ICIAL OV	WNERSHIP OF		2005 d average		
Section			Estimated average burden hours per								
Form 4 of	or						response				
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securi	ties Exchai	nge Act of 1934,				
obligatio may con	Nection 1 //			•	•	· ·	of 1935 or Section	on			
See Inst		30(h)	of the In	nvestment	Compai	ny Act of 1	940				
1(b).											
(Print or Type	Responses)										
		D *					5 5 1 1.				
	Address of Reporting	Person _		er Name an	d Ticker or	r Trading	5. Relationship of Reporting Person(s) to Issuer				
GRISIUS N	IICHAEL J		Symbol				155001				
Al			ALLIE	D CAPIT	AL COF	RP [ALD]	(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction						
				Day/Year)			Director		10% Owner		
1919 PENNSYLVANIA AVENUE, 09/17/				2007			X Officer (giv below)	ve title Oth below)	her (specify		
NW, 3RD FLOOR							Managing Director				
(Street) 4.			4. If Am	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				
WASHING	TON, DC 20006						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	T - 1			G		C. D. C.			
							cquired, Disposed		-		
1.Title of	2. Transaction Date			3.	4. Securities		5. Amount of	6. Ownership	7. Nature	of	
Security (Instr. 3)	(Month/Day/Year)	Day/Year) Execution Date, if any (Month/Day/Year)		Transactio Code	-		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficia	1	
(1130.5)				=F (=)			Owned	(I)	Ownershi		
					,	Following	(Instr. 4)	(Instr. 4)	1		
						(A)	Reported				
						or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
D . I D			c		c						

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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 			(Instr.				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	09/17/2007		А		3,436		(2)	(3)	Common Stock	3,436	\$ 28.6

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GRISIUS MICHAEL J 1919 PENNSYLVANIA AVENUE, NW 3RD FLOOR WASHINGTON, DC 20006			Managing Director					
Signatures								
By: s/ Kelly A. Anderson attorney in fact For Grisius	or: Michael	J.	09/19/2007					
<u>**</u> 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) Phantom Stock Units acquired have a 1 for 1 conversion.
- (2) The phantom stock units were awarded under the Allied Capital Corporation Deferred Compensation Plan II and are fully vested.
- (3) Upon termination, phantom stock units will be distributed over a two year period or immediately upon a change in control.
- (4) Securities adjusted for Non-Reportable Transactions.

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.