FIRESTONE JOHN D

Form 4 May 15, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

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).

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

2. Issuer Name and Ticker or Trading

ALLIED CAPITAL CORP [ALD]

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person * FIRESTONE JOHN D

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 05/13/2009

Symbol

1919 PENNSYLVANIA AVENUE, NW, 3RD FLOOR

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

X_ Director

Officer (give title

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

below)

WASHINGTON, DC 20006

(City) (State)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(Zip)

Execution Date, if (Month/Day/Year)

Code (Instr. 8)

3.

TransactionAcquired (A) or Disposed of (D)

Code V Amount (D) Price

4. Securities

(Instr. 3, 4 and 5)

(A)

or

Securities Beneficially Owned Following Reported

5. Amount of

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

7. Nature of Indirect Ownership (Instr. 4)

10% Owner

Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Derivative Security

2. Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

5. Number Transaction Derivative Code Securities

Date Exercisable and **Expiration Date**

(Month/Day/Year)

7. Title and Amour Underlying Securit (Instr. 3 and 4)

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| (Instr. 3) | Price of | (Month/Day/Year) | (Instr. 8) | Acquire | ed | | | |
|------------|------------|------------------|------------|-----------|-------|-------------|------------|-------|
| | Derivative | | | (A) or | | | | |
| | Security | | | Dispose | ed of | | | |
| | · | | | (D) | | | | |
| | | | | (Instr. 3 | 3, 4, | | | |
| | | | | and 5) | | | | |
| | | | | | | | | |
| | | | Code V | (A) | (D) | Date | Expiration | Title |
| | | | | | | Exercisable | Date | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Amo or Num of Shar

Non-Qualified

Common 05/13/2009 05/13/2016 **Stock Option** \$ 2.63 5,000 05/13/2009 A 5,0 Stock (right to buy)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| . 8 | Director | 10% Owner | Officer | Other | | |
| FIRESTONE JOHN D 1919 PENNSYLVANIA AVENUE, NW 3RD FLOOR WASHINGTON, DC 20006 | X | | | | | |

Signatures

By: s/Kelly A. Anderson attorney in fact For: John D.

Firestone 05/14/2009

> **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).

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.

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