

ALLIED HEALTHCARE PRODUCTS INC

Form 4/A

November 17, 2014

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

OMB APPROVAL

OMB
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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

(Print or Type Responses)

1. Name and Address of Reporting Person *
WEIL JOHN D2. 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)
200 N BROADWAY SUITE 825
(Street)3. Date of Earliest Transaction
(Month/Day/Year)
11/13/2014☒ Director ☒ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)**ST LOUIS, MO 63102**4. If Amendment, Date Original
Filed(Month/Day/Year)
11/14/20146. 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 Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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

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information contained in this form are not
required to respond unless the form
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number.**SEC 1474
(9-02)**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 (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)								
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Option (right to buy)	\$ 1.58	11/13/2014	A		1,500		11/13/2015 ⁽¹⁾	11/13/2024	Common Stock	1,500		
Option (right to buy)	\$ 2.31						11/14/2014 ⁽¹⁾	11/14/2023	Common Stock	1,500		
Option (right to buy)	\$ 2.59						11/08/2013 ⁽¹⁾	11/08/2022	Common Stock	1,500		
Option (right to buy)	\$ 3.555						11/10/2012 ⁽¹⁾	11/10/2021	Common Stock	1,500		
Option (right to buy)	\$ 4.34						11/11/2011 ⁽¹⁾	11/11/2020	Common Stock	1,500		
Option (right to buy)	\$ 5.04						11/13/2010 ⁽¹⁾	11/13/2019	Common Stock	1,500		
Option (right to buy)	\$ 4.05						11/13/2009 ⁽¹⁾	11/13/2018	Common Stock	1,500		
Option (right to buy)	\$ 6.73						11/08/2008 ⁽¹⁾	11/08/2017	Common Stock	1,500		
Option (right to buy)	\$ 5.24						11/16/2007 ⁽¹⁾	11/16/2016	Common Stock	1,500		
Option (right to buy)	\$ 5.63						12/14/2006 ⁽¹⁾	12/14/2015	Common Stock	1,000		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

WEIL JOHN D
200 N BROADWAY SUITE 825 X X
ST LOUIS, MO 63102

Signatures

John D. Weil 11/17/2014

 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.
- (2) Issued pursuant to the company's 2005 directors stock option plan.

Remarks:

Previous filing indicated incorrect expiration dates and therefore included an expired option.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.
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