

ALLIED HEALTHCARE PRODUCTS INC

Form 4

January 05, 2010

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

OMB APPROVAL

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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

(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)  
**01/04/2010**

☒ 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 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	01/04/2010		S		1,500	D	\$ 5.0786
					0		

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

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SEC 1474  
 (9-02)

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

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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)		8. Pri Deriv Secur (Instr
				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 common stock	\$ 3.4	11/13/2002	11/12/2011	Common stock	1,000
Option to purchase common stock	\$ 2.75	11/14/2001	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. 01/05/2010

\_\_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).

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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