

ALLIED HEALTHCARE PRODUCTS INC

Form 4

November 19, 2014

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

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 \*  
WEIL JOHN D

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)  
200 N BROADWAY SUITE 825  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
11/17/2014

Director  10% Owner  
 Officer (give title below)  Other (specify below)

ST LOUIS, MO 63102

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 (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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/17/2014		P	108 A	\$ 40,182	D	
Common Stock	11/18/2014		P	3,300 A	\$ 43,482	D	
Common Stock					5,000	I	IRA
Common Stock					188,855	I	Spouse <sup>(1)</sup>
Common Stock					118,203	I	Trust <sup>(2)</sup>

Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

Common Stock	447,361	I	Trust <sup>(3)</sup>
Common Stock	990,079	I	Limited Partnership <sup>(4)</sup>
Common Stock	15,853	I	Corporation <sup>(5)</sup>
Common Stock	239,587	I	Trust <sup>(6)</sup>

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)

**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. 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. Amount or Number of Shares
Option (right to buy)	\$ 1.58					11/13/2015 <sup>(7)</sup> 11/13/2024	Common Stock	1,500
Option (right to buy)	\$ 2.31					11/14/2014 <sup>(7)</sup> 11/14/2023	Common Stock	1,500
Option (right to buy)	\$ 2.59					11/08/2013 <sup>(7)</sup> 11/08/2022	Common Stock	1,500
Option (right to buy)	\$ 3.555					11/10/2012 <sup>(7)</sup> 11/10/2021	Common Stock	1,500
Option	\$ 4.34					11/11/2011 <sup>(7)</sup> 11/11/2020	Common	1,500

(right to buy)					Stock	
Option (right to buy)	\$ 5.04	11/13/2010 <sup>(7)</sup>	11/13/2019	Common Stock		1,500
Option (right to buy)	\$ 4.05	11/13/2009 <sup>(7)</sup>	11/13/2018	Common Stock		1,500
Option (right to buy)	\$ 6.73	11/08/2008 <sup>(7)</sup>	11/08/2017	Common Stock		1,500
Option (right to buy)	\$ 5.24	11/16/2007 <sup>(7)</sup>	11/16/2016	Common Stock		1,500
Option (right to buy)	\$ 5.63	12/14/2006 <sup>(7)</sup>	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 ST LOUIS, MO 63102	X	X		

## Signatures

John D. Weil                      11/19/2014

\*\*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) The reporting person disclaims any economic benefit in such shares.
  - (2) Owned by a trust for the benefit of the reporting person and for which the reporting person acts as co-trustee.
  - (3) Owned by a trust for the benefit of a sibling of the reporting person and for which the reporting person acts as co-trustee. The reporting person disclaims any economic benefit in such shares.
  - (4) Owned by a family limited partnership of which the reporting person acts as one of several general partners. Number of shares reported includes all shares held by limited partnership. The reporting person disclaims beneficial ownership of shares held by the limited partnership in excess of the reporting person's proportionate interest as determined pursuant to Rule 16a-1(2)(ii)(B).
  - (5) Owned by a corporation controlled by the reporting person.
  - (6) Owned by trusts for which the reporting person acts as co-trustee and with respect to which the reporting person and/or members of his immediate family have a beneficial or contingent remainder interest. The reporting person disclaims any economic benefit in such shares.
  - (7) Options may not be exercised for a period of one year from the date of the grant and thereafter are exercisable in full.

## Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

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.