

ALLIED HEALTHCARE PRODUCTS INC  
 Form 4  
 November 13, 2015

**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 \*  
 GRAVES JUDY T

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)  
 13317 WESTERMAN RD.  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 11/12/2015

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

ST. LOUIS, MO 63122

(City) (State) (Zip)

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

**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)	Price		
Common stock					500	D	

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)**

Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

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)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to purchase common stock	\$ 3.55							11/10/2012	11/10/2021	Common stock	1,500
Option to purchase common stock	\$ 4.34							11/11/2011	11/11/2020	Common stock	1,500
Option to purchase common stock	\$ 5.04							11/13/2010	11/13/2019	Common stock	1,500
Option to purchase common stock	\$ 4.05							11/13/2009	11/13/2018	Common stock	1,500
Option to purchase common stock	\$ 6.73							11/08/2008	11/08/2017	Common stock	1,500
Option to purchase common stock	\$ 5.24							11/16/2007	11/16/2016	Common stock	1,500
Option to purchase common stock	\$ 5.63							11/14/2006	11/14/2015	Common stock	1,500
Option to purchase common stock	\$ 2.59							11/08/2013	11/08/2022	Common stock	1,500
Option to purchase	\$ 2.31							11/14/2014	11/14/2023	Common stock	1,500

common stock									
Option to purchase common stock	\$ 1.58					11/13/2015	11/13/2024	Commonm stock	1,500
Option to purchase common stock	\$ 1.17	11/12/2015		A	1,500	11/12/2016	11/12/2025	Commonm stock	1,500

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GRAVES JUDY T 13317 WESTERMAN RD. ST. LOUIS, MO 63122	X			

## Signatures

Judy T. Graves                      11/13/2015

          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) (1) - Issued pursuant to the Company's 2013 Director's Stock Option Plan.

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.