

ALLIED HEALTHCARE PRODUCTS INC
 Form 4
 November 14, 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

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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 *
 Root Joseph Ernest JR

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)
 1809 JONES COVE RD.
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 11/13/2014

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

CLYDE, NC US 28721
 (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) Code V Amount (D) Price			
Common Stock					1,000	D	
Common Stock					1,000	I	Individual Retirement Account

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

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SEC 1474 (9-02)

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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 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	\$ 5.33					10/27/2011 10/27/2016	Common stock	10,000
Option to purchase common stock	\$ 2.59					11/08/2013 11/08/2022	Common stock	1,500

Option to purchase common stock	\$ 2.31					11/14/2014	11/14/2023	Common stock	1,500
Option to purchase common stock	\$ 1.58	11/13/2014	A	1,500		11/13/2015	11/13/2024	Common stock	1,500

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Root Joseph Ernest JR 1809 JONES COVE RD. CLYDE, NC US 28721		X		

Signatures

Joseph E. Root	11/14/2014
**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) (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.