

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 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

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)
11/14/2014

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 Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	

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	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)
---------------------------------	---------------------------	--------------------------------------	-----------------------------------	---------------------	------------------------------------	--	---

Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4/A

(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.
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.