

ALLIED HEALTHCARE PRODUCTS INC

Form 4

December 15, 2005

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

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

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 *
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)
12/14/2005

☒ 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 (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)
			Code	V	Amount	(D)	Price

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)	8. D
								S

Edgar Filing: ALLIED HEALTHCARE PRODUCTS INC - Form 4

(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 to purchase common stock	\$ 5.63	12/14/2005	A		1,500		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		
Option to purchase common stock	\$ 2.31						11/12/2000	11/11/2009	Common stock	1,500		
Option to purchase common stock	\$ 1.875						04/01/2000	03/31/2009	Common stock	500		
Option to purchase common stock	\$ 2.5						11/16/1999	11/15/2008	Common stock	1,000		

Option to purchase common stock	\$ 7.63	11/17/1998	11/16/2007	Common stock	1,000
Option to purchase common stock	\$ 7.13	11/14/1997	11/13/2006	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. 12/15/2005

__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) Issued pursuant to the Company's 2005 Directors' 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.