ALLIED HEALTHCARE PRODUCTS INC
Form 4/A
November 17, 2014

FORM 4

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

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *
WEIL JOHN D

(Last) (First) (Middle)

200 N BROADWAY SUITE 825

(Street)

ST LOUIS, MO 63102

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading Symbol
ALLIED HEALTHCARE PRODUCTS INC [AHPI]

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

4. If Amendment, Date Original Filed(Month/Day/Year)
11/14/2014

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

6. Individual or Joint/Group Filing(Check Applicable Line)
_X_ 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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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

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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	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)

(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.
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