

WEIL JOHN D
Form 4
October 02, 2009

FORM 4

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

OMB APPROVAL

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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 *
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
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
10/02/2009

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

ST LOUIS, MO 63102

(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					4,000	I	IRA
Common Stock					10,000	I	Son ⁽¹⁾
Common Stock					26,300	I	Spouse ⁽¹⁾
Common Stock					10,500	D	
Common Stock	10/02/2009		P	15,000 A	\$ 4.6197	3,127,514 I	Limited Partnership ⁽²⁾

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

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(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 (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 (right to buy)	\$ 4.05					11/13/2009 ⁽³⁾ 11/12/2018	Common Stock	1,500
Option (right to buy)	\$ 6.73					11/08/2008 ⁽³⁾ 11/07/2017	Common Stock	1,500
Option (right to buy)	\$ 5.24					11/16/2007 ⁽³⁾ 11/15/2016	Common Stock	1,500
Option (right to buy)	\$ 5.63					12/14/2006 ⁽³⁾ 12/13/2015	Common Stock	1,000
Option (right to buy)	\$ 6.841					11/12/2005 ⁽³⁾ 11/11/2014	Common Stock	1,000
Option (right to buy)	\$ 3.9					11/14/2004 ⁽³⁾ 11/13/2013	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 10/02/2009

__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) Filer disclaims any economic benefit in shares.

Shares are held in Woodbourne Partners L.P. of which the Reporting Person is the sole general partner. Number of shares does not include an aggregate of 1,100 additional shares of common stock held in one individual retirement account maintained for the benefit of certain person holding limited partnership interest in Woodbourne (or for the benefit of associate of such person). The Reporting Person disclaims any ownership or economic interest in the shares held in such IRA account.
- (3) Options may not be exercised for a period of one year from the date of the grant and thereafter are exercisable in full.

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.