

ALLIED HEALTHCARE PRODUCTS INC
 Form 4
 November 14, 2008

FORM 4

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

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).

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)
 11/13/2008

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

BEDFORD, MA 01730
 (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		
				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)
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(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	\$ 4.05	11/13/2008	A	1,500					11/13/2009	11/12/2018	Common stock	1,500
Option to purchase common stock	\$ 6.73								11/08/2008	11/07/2017	Common stock	1,500
Option to purchase common stock	\$ 5.24								11/16/2007	11/15/2016	Common stock	1,500
Option to purchase common stock	\$ 5.63								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
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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.	11/14/2008
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**Signature of Reporting Person	Date
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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.