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ALLIED HEALTHCARE PRODUCTS INC Form 4/A

December ()2, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	OMB APPROVAL			
	Washington, D.C. 20549								OMB Number:	3235-0	287	
if no lor subject	Check this box if no longer subject to Section 16. SECURITIES					NERSHIP OF	Expires: Estimated burden ho	/ 31, 2005				
Form 4 Form 5 obligation may con See Inst 1(b).	Filed pur ons ntinue. ruction	a) of the F	Public U		ding Co	ompa	ny Act of	e Act of 1934, 1935 or Sectio 0	response	•	0.5	
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> WEIL JOHN D			2. Issuer Name and Ticker or Trading Symbol ALLIED HEALTHCARE					5. Relationship of Reporting Person(s) to Issuer				
			PROD	UCTS IN	C [AHP	PI]		(Cheo	ck all applical	ble)		
(Last) (First) (Middle) 200 N BROADWAY SUITE 825			3. Date of Earliest Transaction (Month/Day/Year) 11/26/2008					X_ DirectorX_ 10% Owner Officer (give titleOther (specify below)Other (specify				
	4. If Amendment, Date Original Filed(Month/Day/Year) 11/26/2008					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
ST LOUIS	, MO 63102							Person	viore than One	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivativ	e Seci	urities Acq	uired, Disposed o	f, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				SecuritiesOBeneficiallyFOwnedIFollowingO	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)			
Common Stock	11/26/2008			Р	4,500	А	\$ 3.8989	3,083,614	Ι	Limited Partnersh	ip	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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)	4. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
WEIL JOHN D 200 N BROADWAY SUIT ST LOUIS, MO 63102	E 825	Х	Х						
Signatures									
John D. Weil	/2008								
**Signature of	Dat	e							

Reporting Person

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).

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 aggreate of 8,400 additional shares of common stock held in one Individual Retirement Account maintained for the benefit of

(1) Include an aggreate of 8,400 additional shares of common stock field in one individual Kenenient Account maintained 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.

Remarks:

Price was incorrect on original Form 4

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.