

ALLIED HEALTHCARE PRODUCTS INC
 Form 4
 May 21, 2014

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 *
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)
 05/19/2014

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 Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	
Common Stock	05/19/2014		P	A	1,000	\$ 2.15	5,000 I IRA ⁽¹⁾
Common Stock						40,074	D
Common Stock						188,855	I Spouse ⁽¹⁾
Common Stock						118,203	I Trust ⁽²⁾
Common Stock						447,361	I Trust ⁽³⁾

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) The reporting person disclaims any economic benefit in such shares.
- (2) Owned by a trust for the benefit of the reporting person and for which the reporting person acts as co-trustee.
- (3) Owned by a trust for the benefit of a sibling of the reporting person and for which the reporting person acts as co-trustee. The reporting person disclaims any economic benefit in such shares.
Owned by a family limited partnership of which the reporting person acts as one of several general partners. Number of shares reported
- (4) includes all shares held by limited partnership. The reporting person disclaims beneficial ownership of shares held by the limited partnership in excess of the reporting person's proportionate interest as determined pursuant to Rule 16a-1(2)(ii)(B).
- (5) Owned by a corporation controlled by the reporting person.
- (6) Owned by trusts for which the reporting person acts as co-trustee and with respect to which the reporting person and/or members of his immediate family have a beneficial or contingent remainder interest. The reporting person disclaims any economic benefit in such shares.

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.