Edgar Filing: ANGIODYNAMICS INC - Form 4

ANGIODYN	AMICS INC										
Form 4											
August 08, 20)14										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF			F CHANGES IN BENEFICIAL OWNER					Expires:	January 31, 2005		
							NERSHIP OF	Estimated a			
Section 16.			SECURITIES					burden hours per			
Form 5 Filed pursuant to Section 16(a)				e Securit	ies F	xchang	e Act of 1934	response	0.5		
obligation	^s Section 17(s					-	1935 or Sectior	ı			
may conti See Instru	nue.		e Investment	•	- ·			-			
1(b).	enon			•	•						
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			GIODYNAM	IICS INC	IAN	IGO1					
			3. Date of Earliest Transaction				(Check all applicable)				
()			(Month/Day/Year)			Director	10%	Owner			
			08/06/2014				Officer (give titleOther (specify				
							below) below) SVP - Global Franchise Leader				
	(Street)	4 If	Amendment Da	ate Original			6 Individual or Io	int/Group Filin	ø(Check		
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			•				_X_Form filed by One Reporting Person Form filed by More than One Reporting				
LATHAM, N	NY 12110						Person	ore than One Re	porting		
(City)	(State)	(Zip)	Table I - Non-E	Derivative S	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date	1				5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	`` ` ``	any	Code	(Instr. 3,	-		Beneficially		Beneficial		
		(Month/Day/Y	Day/Year) (Instr. 8)						Ownership (Instr. 4)		
					(\mathbf{A})		Reported	(mout. I)	(Insu: I)		
					(A) or		Transaction(s)				
			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	08/06/2014		F	550 <u>(1)</u>	D	\$ 14.75	19,714	D			

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.

 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. Transacti Code (Instr. 8)	5. of Number of Derivative Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) rivative curities quired or posed		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: ANGIODYNAMICS INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
I O	Director	10% Owner	Officer	Other				
SOTO JOHN 14 PLAZA DRIVE LATHAM, NY 12110			SVP - Global Franchise Leader					
Signatures								
/s/ Stephen A. Trowbridge, Attorney in Fact		08/						
<u>**</u> Signature of Reporting Person			Date					
Evenlay attack of Da								

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 exempt disposition of 550 shares of common stock of AngioDynamics, Inc. was made to satisfy tax withholding obligations in connection with the pre-determined vesting of shares underlying restricted stock units granted to the reporting person on August 6, 2013.

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.