

ALLIED HEALTHCARE PRODUCTS INC

Form 4

June 12, 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)  
06/11/2008

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)
			Code	V	Amount or Price (A) or (D)		
Common stock	06/11/2008		M		500 \$ 1.875	500	D
Common stock	06/11/2008		M		1,000 \$ 2.5	1,500	D
Common stock	06/11/2008		S		500 \$ 6.9	1,000	D
Common stock	06/11/2008		S		1,000 \$ 6.9	0	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.**

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 (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)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
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	\$ 3.4					11/13/2002 11/12/2011	Common stock 1,000

stock									
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
Option to purchase common stock	\$ 1.875	06/11/2008		M	500	04/01/2000 <sup>(1)</sup>	03/31/2009	Common stock	500
Option to purchase common stock	\$ 2.5	06/11/2008		M	1,000	11/16/1999 <sup>(1)</sup>	11/15/2008	Common stock	1,000

## 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. 06/12/2008

         \*\*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) 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.