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ANGIODYN	NAMICS INC										
Form 4	015										
August 05, 2 FORN	Л								OMB AF	PROVAL	
	UNITEL) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long							Expires:	January 31 2005			
subject to Section 16. Form 4 or		MENT O	F CHAN	GES IN I SECUR		ICIA	L OWI	NERSHIP OF	Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	7(a) of the	Public U		ling Con	npany	y Act of	e Act of 1934, 71935 or Sectior 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Trowbridge Stephen A			2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)				
			(Month/Day/Year) 08/03/2015					Director 10% Owner X Officer (give title Other (specify below) below) SVP and General Counsel			
LATILAN	(Street)			ndment, Da hth/Day/Year)	-	l		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
LATHAM,	INY 12110							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	08/03/2015			F	905 <u>(1)</u>	D	\$ 15.54	43,735	D		
Common Stock	08/03/2015			F	407 <u>(2)</u>	D	\$ 15.54	43,328	D		
Common Stock	08/05/2015			М	5,800	А	\$ 15.27	49,128	D		
Common Stock	08/05/2015			F	5,674	D	\$ 15.81	43,454	D		

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

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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. Transactio Code (Instr. 8)	5. Number 6. Date Exercisable and Expiration Date Expiration Date (Month/Day/Year) 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		æ	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 15.27	08/05/2015		М	5,800	08/06/2015	08/06/2015	Common Stock	5,8

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Trowbridge Stephen A 14 PLAZA DRIVE LATHAM, NY 12110			SVP and General Counsel			
Signatures						

/s/ Stephen A. 08/05/2015 Trowbridge

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) The exempt disposition of 905 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 17, 2012.
- (2) The exempt disposition of 407 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 3, 2011.

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.

**Signature of Reporting

Person