Edgar Filing: ANGIODYNAMICS INC - Form 4

ANGIODYN	AMICS INC											
Form 4												
April 28, 201	5											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287		
Check thi if no long							Expires:	January 31				
subject to	F CHAN			CIAI	L OW	NERSHIP OF	Estimated a	2005 average				
Section 16.				SECUR	ITIES				burden hours per			
Form 4 or Form 5	Form 4 or				a	Б	1	A (C1024	response	0.5		
obligation							-	ge Act of 1934,	~			
may conti	nue. Section 1		of the In	•	. .			f 1935 or Section	11			
See Instru 1(b).	ction	50(II)	of the m	vestillent	Company	Act	01 19-	+0				
1(0).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person [*] _ 2. Issu				ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Trowbridge	Symbol					Issuer						
	ANGIO	DYNAM	ICS INC	[ANG	GO]	(Chec	k all applicable	e)				
(Last)	ast) (First) (Middle) 3. Date of Ea				ansaction			(enec	x un upphouor	~)		
			(Month/D	Month/Day/Year)				Director		6 Owner		
			04/24/20)15				XOfficer (give titleOther (specify below) below)				
								/	d General Cour	nsel		
			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year))			Applicable Line)				
								_X_Form filed by C	One Reporting Pe Iore than One Re			
LATHAM, N	NY 12110							Person		porting		
(City)	(State)	(Zip)	Table	L - Non-D	orivativo S	ocurit	ios Acc	quired, Disposed of	f or Bonoficial	lly Owned		
1.77.1.0	от <i>с</i> т									-		
1.Title of Security	2. Transaction Date 2A. Deem (Month/Day/Year) Execution			3. Transactio			-	5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(1.101111,2 u), 10	any	on Date, if Transaction(A) or Disposed of Code (D)					Beneficially	(D) or	Beneficial		
		(Month/	Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)					Indirect (I)	Ownership		
								Following Reported	(Instr. 4) (Instr	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	04/04/0015				15,000			40.765	D			
Stock	04/24/2015			А	(1)	А	\$0	40,765	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		
Trowbridge Stephen A 14 PLAZA DRIVE LATHAM, NY 12110			SVP and General Counsel			
Signatures						
/s/ Stephen A. Trowbridge	04/28/2015					
<u>**</u> 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).
- The acquisition of 15,000 shares of common stock represents 15,000 restricted stock units, each of which represents a contingent right to (1) receive one share of AngioDynamics, Inc. common stock. The restricted stock units vest in four equal installments beginning on 04/24/2016.

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.