Edgar Filing: ANGIODYNAMICS INC - Form 4

ANGIODYN	AMICS INC										
Form 4											
August 08, 20)13										
FORM	4									PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to	MENT O	F CHANGES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 d average		
Section 16.				SECUR	ITIES				burden hou	burden hours per	
Form 4 or Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1					A -+ -f 1024	response	response 0.5			
obligation	- ·						-	f 1935 or Sectio	n		
may contin	nue.		of the Inv	•	•	• •			11		
See Instruction 1(b).	ction	50(II)	of the my	estinent .	compan	y met	0117	-10			
1(0).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> SOTO JOHN			2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			Symbol				~ ~ ~	Issuer			
			ANGIO	DYNAM	ICS INC	[AN	GO]	(Chec	k all applicable	e)	
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction						
			(Month/Day/Year)					Director X_ Officer (give		6 Owner er (specify	
14 PLAZA DRIVE			08/06/2013					below) below)			
								SVP - Glo	bal Franchise I	Leader	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
	IX 10110								One Reporting Pe More than One Re		
LATHAM, N	NY 12110							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da								6. Ownership		
Security (Instr. 3)	(Month/Day/Year	on Date, if TransactionAcquired (A) or						Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month/	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					•	Indirect (I)	Ownership	
		,		. ,				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				a 1 b		or	р.	(Instr. 3 and 4)			
Common				Code V	Amount 5 105	(D)	Price				
Common Stock	08/06/2013			А	5,195 (1)	А	\$0	15,195	D		
Stork											

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)

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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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I
Non-Qualified Stock Option (right to buy)	\$ 11.92	08/06/2013		А	16,922	08/06/2014 <u>(2)</u>	08/06/2020	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
	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,					
**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 5,195 shares of common stock represents 5,195 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

- 8/6/2014.
- (2) Options for 25% of the shares are each exercisable on 8/6/2014, 8/6/2015, 8/6/2016 and 8/6/2017, respectively.

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.