

ANGIODYNAMICS INC
Form 3
February 08, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â LaPorte Steve		(Month/Day/Year)	ANGIODYNAMICS INC [ANGO]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
603 QUEENSBURY AVE.				
(Street)			(Check all applicable)	
QUEENSBURY,Â NYÂ 12804			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	713 ⁽¹⁾	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Option (right to buy) ⁽²⁾	01/29/2007 ⁽³⁾	09/29/2015	Common Stock	6,027	\$ 20.15	D	Â
Non-Qualified Stock Option (right to buy) ⁽²⁾	06/07/2007	06/07/2016	Common Stock	4,434	\$ 22.06	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LaPorte Steve 603 QUEENSBURY AVE. QUEENSBURY, NY 12804	Â X	Â	Â	Â

Signatures

By: Ronald F. Lamy For: Steve Laporte
Date: 02/08/2007

Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Shares received in exchange for shares of RITA Medical Systems, Inc. common stock in conjunction with the acquisition of RITA by AngioDynamics on 1/29/07.
- (2) Options to acquire .1722 shares of AngioDynamics common stock were received in exchange for options to acquire 1 share of RITA Medical Systems, Inc., in conjunction with AngioDynamics acquisition of RITA Medical on January 29, 2007. Upon exercise, the option holder is also entitled to \$.515 per original RITA share, or \$2.99 per AngioDynamics share exercised.
- (3) Options to acquire 1/36th of the original shares granted are exercisable each month from the grant date. All shares are fully exercisable on the three year anniversary of the grant date.

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.