FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-028								
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0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0	r Sect	ion 30(h)	of the	e Investmen	t Co	npany Act o	of 1940							
1. Name and Address of Reporting Person*  HOBBS EAMONN P				2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ ANGO ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner															
(Last)	(F EENSBURY	*	(Middle)	)			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2008							X	Officer ( below)			,	pecify
(Street) QUEENSBURY NY 12804 (City) (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Appli Line)  X Form filed by One Reporting Person  Form filed by More than One Reportin Person															
		Tal	ble I - Nor	n-Deriv	/ativ	e Se	curitie	s A	cquired,	Dis	posed o	f, or Ber	nefic	ially	Owned				
Dat			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) of Of (D) (Instr. 3, 4		4 and Securitie Beneficia Owned F Reported		s Illy ollowing	Form:	Direct III Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) F		rice Transact (Instr. 3 a		and 4)				
Common	Stock														87,	257		D	
			Table II -						quired, D s, option						wned				
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Conversion Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)		Execution Date, If any		4. Transaction Code (Instr. 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to ouy)	\$16.33	08/15/2008			A		33,750		08/15/200	9	08/15/2015	Common Stock	33,7	750	\$0	33,75	0	D	
Non- Qualified Stock Option (right to ouy)	\$13.18								07/20/2005	j <sup>(1)</sup>	07/20/2014	Common Stock	35,5	500		35,50	0	D	
Non- Qualified Stock Option (right to ouy)	\$17.76								07/27/2008	g(2)	07/27/2017	Common Stock	60,0	000		60,00	0	D	
Non- Qualified Stock Option (right to ouy)	\$18.4								08/15/2007	,(3)	08/15/2016	Common Stock	60,0	000		60,00	0	D	
Non- Qualified Stock Option (right to ouy)	\$24.21								07/29/2006	5(4)	07/29/2015	Common Stock	45,0	000		45,00	0	D	
Restricted Stock	\$0 <sup>(5)</sup>								05/30/200	9	05/29/2019	Common	8,2	50		8,250	)	D	

## Explanation of Responses:

- 1. Options for 25% of the shares are each exercisable on 7/20/05, 7/20/06, 7/20/07, 7/20/08, respectively.
- 2. Options for 25% of the total number of shares each become exercisable on 7/27/08, 7/27/09, 7/27/10, and 7/27/11.
- 3. Options for 25% of the shares will each become exercisable on 8/15/07, 8/15/08, 8/15/09, and 8/15/10, respectively.
- $4. \ Options \ for \ 25\% \ of \ the \ shares \ are \ each \ exercisable \ on \ 7/29/06, \ 7/29/07, \ 7/29/08, \ and \ 7/29/09, \ respectively.$
- $5.\ Each\ restricted\ stock\ unit\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ Angio Dynamics,\ Inc.\ common\ stock.$

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.