FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimigton, | D.O. | 20040 | |
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| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Frost Mark T | | | | | 2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO] | | | | | | | (Ched | ck all applica Director | ationship of Reporting call applicable) Director Officer (give title | | Person(s) to Issuer 10% Owner Other (spec | | | |
|--|---|--|--|----------------------------------|--|---|-----------------------------------|---|--|--------------------|---|-------------------------|----------------------------|---|---|---|---|---------------------------------------|--|
| (Last) | (F ZA DRIVE | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2013 | | | | | | | X | below) | | below) nd CFO | | эрсону | | |
| (Street) LATHAN | | Y State) | 12110 (Zip) | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check App Line) X Form filed by One Reporting Person Form filed by More than One Report | | | | | | ı | | | | | | | | |
| | | Ta | ıble I - Non-I | Derivati | ive S | ecuritie | s Ac | quired, I | Dis | posed o | f, or B | enefi | icially | Owned | | | | | |
| 1. Title of \$ | Security (Ins | tr. 3) | D | . Transacti Pate Month/Day | - | 2A. Deem Execution if any (Month/D | n Date, | Code (Ir | Instr. Beneficially (D) or Indirect Owned Following (I) (Instr. 4) | | | | : Direct Indirect | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Reported Transaction (Instr. 3 and | on(s) | | | | |
| Common | Stock | | | 02/01/20 | 013 | | | A | | 20,000 |)(1) | A | \$ <mark>0</mark> | 20,0 | 000 | | D | | |
| | | | Table II - Do | | | | | uired, Di | | | | | | Owned | | | | | |
| 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/Yea | Code | | 5. Number Derivative Securities Acquired or Disport of (D) (In 3, 4 and | re es d (A) sed estr. | 6. Date Exe Expiration I (Month/Day | Date | | 7. Title a of Secu Underly Derivati (Instr. 3 | rities ing ve Sec | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | Expiration Date | Title | or Nu | nount mber Shares | | (Instr. 4) | ion(a) | | | |
| Non- Qualified Stock Option (right to | \$12.39 | 02/01/2013 | | A | | 100,000 | | 11/30/2013 ⁽ | 2) | 02/01/2020 | Commo Stock | n 10 | 0,000 | \$0 | 100,0 | 00 | D | | |

Explanation of Responses:

- 1. The acquisition of shares of 20,000 common stock represents 20,000 restricted stock units, each of which represents a contingent right to receive one share of AngioDynamics, Inc. common stock. The restricted stock units vest in four equal installments beginning on 11/30/2013.
- 2. Options for 25% of the shares are each exercisable on 11/30/2013, 11/30/2014, 11/30/2015 and 11/30/2016, respectively.

Remarks:

buy)

/s/ Stephen A. Trowbridge, 02/04/2013 Attorney in Fact

** Signature of Reporting Person Date

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

- * 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.