## FORM 4

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

	Washir	ngton, D.C. 20549		
<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEF	FICIAL OWN	<b>ERSHIP</b>

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

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

				(	or Sect	tion 30(h)	of the	Investment	Con	npany Act o	of 1940	4						
Name and Address of Reporting Person*     LaPorte Steve				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) (First) (Middle) 603 QUEENSBURY AVE.				3. Date of Earliest Transaction (Month/Day/Year) 09/04/2009								Officer (give title Other (specify below)						
(Street) QUEEN	SBURY N	Y	12804	4. If Amendme			Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																		
		Tal	ole I - Non-De	rivativ	ve Se	ecuritie	s A	cquired, D	isį	osed of	f, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3)		Date			2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s) and 4)			,		
Common	Stock													013		D		
			Table II - Deri (e.g.)										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/Year)	tecution Date, any Code (Instr. Derivative Inth/Day/Year) 8) Securities Expiration Date (Month/Day/Year) Oper		7. Title an of Securit Underlyin Derivative (Instr. 3 an	d Amount ies g Security	mount 8. Price of Derivative Security (Instr. 5)		er of e s dlly on(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$13.29	09/04/2009		A		12,000		09/04/2010		09/04/2016	Common Stock	12,000	\$0	12,000		D		
Non- Qualified Stock Option (right to buy)	\$15.27							08/06/2009 <sup>(1</sup>	1) (	08/06/2015	Common Stock	6,000		6,000		D		
Non- Qualified Stock Option (right to buy)	\$16.53							05/01/2008 <sup>(2</sup>	2) (	05/01/2014	Common Stock	25,000		25,000		D		
Non- Qualified Stock Option (right to buy)	\$17.76							07/27/2008 <sup>(3</sup>	3) (	07/27/2017	Common Stock	6,000		6,000		D		
Non- Qualified Stock Option (right to buy) <sup>(4)</sup>	\$20.15							01/29/2007		09/29/2015	Common Stock	6,027		6,027	7	D		
Non- Qualified Stock Option (right to buy) <sup>(4)</sup>	\$22.06							01/29/2007		06/07/2016	Common Stock	4,434		4,434	4	D		

## **Explanation of Responses:**

- $1.\ Options\ for\ 33\ 1/3\ of\ the\ shares\ are\ each\ exercisable\ on\ 8/6/09,\ 8/6/10,\ and\ 8/6/11\ respectively$
- 2. Options for 33 1/3% of the shares are each exercisable on 5/1/08, 5/1/09, 5/1/10, respectively.
- 3. 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.
- 4. 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.

\*\* 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.