FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

	OMB Number:	3235-0287							
Estimated average burden									
	hours nor 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 Section 30(h) of the Investment Company Act of 1940

4 11		*			2 1	2 Jesuar Nama and Ticker or Trading Cumbal											5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person* GERSUK D JOSEPH			2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO]										Relationship of Reporting Person(s) to Issuer (Check all applicable)									
GERSUR D JUSEPH															Directo	or (give title		10% Ov Other (s				
(Last) (First) (Middle)						est Tra	nsacti	ion (Mo	nth/D	ay/Year)				below)			below)	эрсыу				
603 QUEENSBURY AVE.		08	/06/2	800										SVP	- CF	0						
					4 1	f Amo	ndmon	it Data	of C	riginal	-iled	(Month/Da	av/Voo	r)	6 15	ndividual or 1	loint/Croup	Eilina	(Check An	nlicable		
(Street)				4.1	ı Ame	numen	ii, Daie	9 01 0	ngmai i	-iieu	(MOHUI)/Da		6. Individual or Joint/Group Filing (Check Applicable Line)									
QUEENSBURY NY 12804														X Form filed by One Reporting Person								
(O:1)			(:)											Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																			
		Tab	le I - Nor	n-Deriv	ativ	e Se	curiti	es A	cqu	ired,	Disp	osed o	f, or	Ben	eficiall	y Owned	l					
1. Title of	Security (Ins	tr. 3)		2. Trans	action		2A. Deemed Execution Date,						ities Acquired (A) o			5. Amou		6. Ownership Form: Direct		7. Nature of Indirect	l	
					(Month/Day/Yea					Code (Instr.		. 5)		, ,	,	Beneficia		(D) or Indirect (I) (Instr. 4)	r Indirect	Beneficial Ownership	ı	
								(v	Amount		A) or	Price	Reported Transact	ion(s)			(Instr. 4)	ı	
						_				Code	•		(D) F			+	(Instr. 3 and 4)					
Common	Stock			08/06	5/2008					A ⁽¹⁾		282 A		\$0	5,920		D					
		7	Гable II -													Owned						
						calls	·		_			onvertil				<u> </u>			<u> </u>		_	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				Expiration Date				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e (C s I ally I g (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	t	
															Amount							
									Date			xpiration		ľ	or Number of							
					Code	v	(A)	(D)		rcisable		ate	Title		Shares							
Non- Qualified Stock Option (right to buy)	\$16.53								05/0)1/2008 ⁽⁾	2) 05	5/01/2014	Com		40,800		40,800)	D			
Non- Qualified Stock Option (right to buy)	\$17.76								07/2	:7/2008 ^{(:}	3) 07	7/27/2017	Com		8,750		8,750		D			
Restricted											Т			non	1,126						_	

Explanation of Responses:

- 1. Shares acquired through the vesting and settlement of previously granted performance share awards.
- 2. Options for 25% of the shares are each exercisable on 5/1/08, 5/1/09, 5/1/10, 5/1/11, 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. Each restricted stock unit represents a contingent right to receive one share of AngioDynamics, Inc. common stock.

By: K .Wayne McDougall For: Joseph D. Gersuk

08/08/2008

** 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.