**NEW YORK** 

(City)

NY

(State)

10022

(Zip)

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote<sup>(1)</sup>

footnote<sup>(2)</sup>

footnote<sup>(3)</sup>

11. Nature of Indirect Beneficial Ownership (Instr. 4)

suant to Section 16(a) of the Securities Eycha

Instruc	ction 1(b).			HII								ities Exchan			34					
1 Name a	nd Address of	Panorting Parson*			_							ompany Act	of 1940	1	5. F	Relationsh	ip of Report	ina P	erson(s) to I	ssuer
1. Name and Address of Reporting Person*  Avista Capital Partners GP, LLC					2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ ANGO ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director X 10% Owner							
(Last) (First) (Middle)				- 3 [	Date of Earliest Transaction (Month/Day/Year)							$\dashv$	Officer (give title below)				(specify			
(Last) AVISTA	,	HOLDINGS, L.	(Middle) P.				/201		ot man	saction	(IVIOITE	in Dayr Tear)				2010	,		20.01.	,
65 E. 55	TH STREE	T, 18TH FLOOI	2		4.1	f An	nenc	dment	. Date	of Origin	nal File	ed (Month/Da	av/Year	)	6.1	Individual (	or Joint/Grou	ın Fil	ing (Check A	Applicable
(Street)					-										Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person					
NEW YORK NY 10022														X Form filed by More than One Reporting Person						
(City)	(S	ate)	(Zip)																	
		Tab	le I - N	on-Deriv	vative	e S	ecı	uritie	s Ac	quire	d, Di	sposed o	f, or l	Ber	eficial	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed C	s Acquired (A) or f (D) (Instr. 3, 4 and		(A) or 3, 4 and 5	5) Securi Benefi Owned	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature Indirect Beneficial Ownershi		
										Code	v	Amount	(A) (D)	or	Price	Repor Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			08/05/	3/05/2016				S		1,394,95	0 I	)	\$14.6	2 4,4	153,305		I	See footnote	
Common Stock 0				08/05/	2016				S		367,836	6 D		\$14.6	2 1,1	1,174,296		I	See footnote	
Common Stock 08/05/2				2016	016		S		478,214	I	)	\$14.6	2 1,5	1,555,407		I	See footnote			
		Ta	able II ·									osed of,				Owned	l			
1. Title of	2.	3. Transaction	3A. Dee		4.	Jai	15,		mber			convertib	7. Title			8. Price of	9. Number	of	10.	11. Natu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transacti Code (Ins 8)				Expiration Date (Month/Day/Year)			Secur Under Deriva	mount of ecurities nderlying erivative ecurity (Instr. 3 nd 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form: Direct (D) or Indirec (I) (Instr. 4		Benefici Ownersh (Instr. 4)	
					Code			(A)	(D)	Date Exercis	sahle	Expiration	Title	or Nu of	nount imber ares					
		Reporting Person*			Code	<u>  '</u>		[ (A)	<u>  (b)</u>	LXCICI	Sable	Date	Title	311	aies		<u> </u>			<u> </u>
l		(First) HOLDINGS, L. T, 18TH FLOOR	P.	ddle)																
(Street) NEW Y	ORK	NY	10	022																
(City)		(State)	(Zi	0)																
		Reporting Person* artners, L.P.																		
(Last) 65 EAST 18TH FI	Г 55TH STI LOOR	(First)	(Mi	ddle)																
(Street)						_														

Name and Address     Avista Capital								
(Last)	(First)	(Middle)						
65 EAST 55TH S	STREET							
18TH FLOOR								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  Navilyst Medical Co-Invest, LLC								
(Last)	(First)	(Middle)						
65 EAST 55TH STREET								
18TH FLOOR								
(Street)								
NEW YORK	NY	10022						
(City)	(State)	(Zip)						

#### **Explanation of Responses:**

- 1. Represents shares of the Issuer held by Avista Capital Partners, L.P. ("ACP"). Avista Capital Partners GP, LLC ("ACP GP") is the general partner of ACP. By virtue of this relationship, ACP GP may be deemed to share voting and dispositive power with respect to the shares of common stock held by ACP. Each of ACP GP and ACP expressly disclaims beneficial ownership of any such securities, except to the extent of its pecuniary interest therein.
- 2. Represents shares of the Issuer held by Avista Capital Partners (Offshore), L.P. ("ACP Offshore"), ACP GP is the general partner of ACP Offshore. By virtue of this relationship, ACP GP may be deemed to share voting and dispositive power with respect to the shares of common stock held by ACP Offshore. Each of ACP GP and ACP Offshore expressly disclaims beneficial ownership of any such securities, except to the extent of its pecuniary interest therein.
- 3. Represents shares of the Issuer held by Navilyst Medical Co-Invest, LLC ("NM Co-Invest"). ACP GP is the manager of NM Co-Invest. By virtue of this relationship, ACP GP may be deemed to share voting and dispositive power with respect to the shares of common stock held by NM Co-Invest. Each of ACP GP and NM Co-Invest expressly disclaims beneficial ownership of any such securities, except to the extent of its pecuniary interest therein.

#### Remarks:

Avista Capital Partners GP, LLC, By: /s/ Ben Silbert	08/05/2016
Avista Capital Partners, L.P., By: Avista Capital Partners GP, LLC, its General Partner, By: /s/ Ben Silbert	<u>08/05/2016</u>
Avista Capital Partners (Offshore), L.P., By: Avista Capital Partners GP, LLC, its General Partner, By: /s/ Ben Silbert	08/05/2016
Navilyst Medical Co-Invest, LLC, By: Avista Capital Partners GP, LLC, its Manager, By: /s/ Ben Silbert	08/05/2016
** 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.