FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
	O.	CHAILOEG		DEILE IOIAE	CITILITIES

OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
hours per respons	e· 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

Name and Address of Reporting Person* Clemmer James C				2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Ciciliii	.cr Jairies	<u>C</u>											X	Direc			10% Ov		
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024									X	Office below	er (give title v)		Other (s below)	specify
14 PLAZA DRIVE						0/202	7									Presiden	t and	CEO	
-					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form	filed by On	e Ren	orting Perso	n I
LATHAN	M NY	? 1	2110											Λ		,		n One Repo	
(0:1)	(0)		7 . \												Perso			опо глоро	9
(City)	(Sta	ate) (2	Zip)		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	icatio	on						
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											naea to							
		Table	I - No	n-Deriva	tive S	Secui	rities	Aca	uired.	Dis	posed of	or E	Benefi	cially	/ Own	ed			
1. Title of 9	Security (Inst			2. Transac				3.		4. Securitie				5. Amo			Ownership 7	7. Nature	
Date			Date (Month/Da	y/Year) if any		cution Date, ny nth/Day/Year)				Disposed Of (D) (Instr. 3, 5)				Benefic Owned	neficially (ned Following ((D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pri	се		ed action(s) 3 and 4)			(Instr. 4)
Common Stock 04/08/2			2024 P 10,000 A S				\$6	5.7 ⁽¹⁾	7 ⁽¹⁾ 539,066 D										
		Tal	ole II -	Derivati	ve Se	curit	ies A	Acqu	ired, [Disp	osed of,	or Be	nefic	ally	Owne	 d			
											onvertib								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.64 to \$6.76, inclusive. The reporting person has provided to AngioDynamics, Inc., and undertakes to provide to any security holder of AngioDynamics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote 1.

> /s/ Stephen A. Trowbridge, **Attorney in Fact**

04/08/2024

** 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.