## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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,	│ OMB APPROVAL

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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(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

1. Name and Address of Reporting Person* <u>LaPorte Steve</u>						2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ ANGO ]									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) 04/07/2010									Officer below)	(give title		Other (sbelow)	specify	
(Street) QUEENSBURY NY 12804						f Am	endmer	nt, Date	e of Origina	l Filed	(Month/Da	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting								
(City) (State) (Zip)													Person							
4 Tid f	O		le I - Nor	1-Deriv		_			cquired	, Dis								vnership	7. Nature	
Date			Date			2A. Deemed Execution Date if any (Month/Day/Ye		e, Trans Code	action (Instr.	ction Disposed		ties Acquired (A) d Of (D) (Instr. 3, 4		Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following Reported		n: Direct	of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	or I	Price	Transact (Instr. 3 a	ion(s)			(111501.4)	
Common	Common Stock 04/07/								P	Dian	500	A		\$15.52		7,013		D		
			Table II -						quirea, i ts, optio			ole se	curit	ies)	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 D if any (Month/Day/	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu of	nount mber ares						
Non- Qualified Stock Option (right to buy)	\$13.29								09/04/20	10 (	9/04/2016	Comm Stock		2,000		12,000	0	D		
Non- Qualified Stock Option (right to buy)	\$15.27								08/06/200	9 <sup>(1)</sup>	08/06/2015	Comm Stock	l h	,000		6,000	)	D		
Non- Qualified Stock Option (right to buy)	\$16.53								05/01/200	B <sup>(2)</sup>	05/01/2014	Comm Stock		5,000		25,000		D		
Non- Qualified Stock Option (right to buy)	\$17.76								07/27/200	3 <sup>(3)</sup>	07/27/2017	Comm Stock		,000		6,000	)	D		
Non- Qualified Stock Option (right to buy) <sup>(4)</sup>	\$20.15								01/29/20	07 (	9/29/2015	Comm Stock		,027		6,027	,	D		
Non- Qualified Stock Option (right to buy) <sup>(4)</sup>	\$22.06								01/29/20	07 (	06/07/2016	Comm Stock		,434		4,434		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.

By: K. Wayne McDougall For: 04/08/2010 Steve LaPorte

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.