FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Helsel Dave</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO] | | | | | | | | eck all applic Directo | r (give title | | 10% Ov | vner |
|---|---|--|--|---------|---------|---|---------|------|---|------------------------|----------------------|------------------|--|---|---|----------------|--|---------------------------------------|
| (Last) (First) (Middle) 14 PLAZA DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2019 | | | | | | | | helow) | | | Other (s below) ns and R& | ` |
| (Street) LATHAM NY 12110 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non | ı-Deri\ | vativ | e Se | curitie | s Ac | quired, | Disp | osed o | f, or Bei | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | | Code (Instr. 5) | | | | | | Form: D (D) or In | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | Transac | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 07/17/ | | | | | | /2019 | | A | | 3,473 ⁽¹⁾ A | | \$0 | 17 | 7,563 | | D | | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | Owned | | | , | <u> </u> |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, T | Code (I | | of I | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Secu) Underly | | g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$21.54 | 07/17/2019 | | | A | | 11,615 | | 07/17/2020 | (2) | 07/17/2029 | Common Stock | 11,615 | \$0 | 11,61 | 5 | D | |

Explanation of Responses:

- 1. This acquisition of 3,473 shares of common stock ("Common Stock") of AngioDynamics, Inc. represents 3,473 restricted stock units, each of which represents a contingent right to receive one share of Common Stock. These restricted stock units vest in four equal installments beginning on July 17, 2020, such that 25% of the restricted stock units will vest on each of July 17, 2020, 2021, 2022 and 2023.
- 2. These stock options vest in four equal annual installments beginning on July 17, 2020, such that 25% of the options will vest on each of July 17, 2020, 2021, 2022 and 2023.

/s/ Stephen A. Trowbridge, Attorney in Fact 07/19/2019

** 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.