Instruction 1(b)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT O
Section 16. Form 4 or Form 5	
obligations may continue. See	

## F CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>Trowbridge Stephen A</u>					ANGIODYNAMICS INC [ ANGO ]									heck all	ationship of Reporting Pers k all applicable) Director Officer (give title			10% Ov	ner	
(Last) 14 PLAZA	(Firs	st) (N	⁄liddle)			3. Date of Earliest Transaction (Month/Day/Year) 07/12/2018									SVP and Gener			Other (specify below)		
(Street)  LATHAM  (City)	NY (Sta	ite) (Z	2110 (ip)			4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	e I - No	n-Deriv	ative	Sec	uriti	es Aco	quired,	Dis	posed o	f, or Be	neficia	lly Ov	ned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Year) Execut		med on Date, Day/Year	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefici Owned I		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common S	Stock			07/12	/2018				М		3,556	1) A	\$(		40,110 D					
Common S	mon Stock 07/1			07/12	/2018				F		1,175	2) <b>D</b>	\$20	.5 38		3,935		D		
		Ta									osed of, convertil			y Owr	ed			·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, Trans		action (Instr. S. A. (A. D. O.)		ivative urities juired or posed D) tr. 3, 4	6. Date E Expiratio (Month/D	n Dat		Amount of Securities Underlyin Derivative			ce of ative rity . 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares							
Performance	(3)	07/12/2018			M			5,737	(3)		(3)	Common	5,737	\$	0	0		D		

## **Explanation of Responses:**

Right

- 1. This acquisition of 3,556 shares of common stock ("Common Stock") of AngioDynamics, Inc. (the "Company"), represents shares acquired through the vesting and settlement of performance share units granted to the reporting person on July 22, 2015.
- 2. The exempt disposition of 1,175 shares of Common Stock of the Company was made to satisfy tax withholding obligations in connection with the pre-determined vesting of shares underlying performance share units granted to the reporting person on July 22, 2015.
- 3. On July 22, 2015, the reporting person received a target grant of 5,737 performance share units vesting between 0% and 200%. The performance of this award was based on the Company's total shareholder return relative to a peer group of companies over a three-year period covering the Company's fiscal years 2016, 2017 and 2018. Based on the Company's performance over this period, 3,556 shares of Common Stock were issued to the reporting person under this grant.

/s/ Stephen A. Trowbridge

Stock

\*\* Signature of Reporting Person

Date

08/22/2018

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.