FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	UMB APPRO	JVAL					
	OMB Number:	3235-0287					
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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*  GERSUK D JOSEPH					2. Issuer Name <b>and</b> Ticker or Trading Symbol ANGIODYNAMICS INC [ ANGO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 603 QUEENSBURY AVE.					Date (		est Tra	nsaction (Mo	nth/[	Day/Year)		X Officer (give title Other (specify below) SVP - CFO							
(Street) QUEENSBURY NY 12804				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									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							
		Tab	le I - Nor	n-Deriv	vativ	e Se	curiti	ies A	cquired,	Dis	posed c	f, or Be	nefici	ially	Owned				
Date					action 2A. Deen Executio if any (Month/D		ion Da	Code (I	Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a				s Illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) P		e e	Transaction(s) (Instr. 3 and 4)				
Common Stock			<u> </u>	8/200				A		1,409	) A		0	8,865		5 D			
		7							quired, Dits, option						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year		of Secui Underly		ties ig e Security		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable		expiration Date	Title	Amou or Numb of Shares	er					
Non- Qualified Stock Option (right to buy)	\$13.29								09/04/2010	0	9/04/2016	Common Stock	12,00	00		12,000	0	D	
Non- Qualified Stock Option (right to buy)	\$16.33								08/15/2009	0	8/15/2015	Common Stock	12,50	00		12,50	0	D	
Non- Qualified Stock Option (right to buy)	\$16.53								05/01/2008 <sup>(1</sup>	1) 0	5/01/2014	Common Stock	40,80	00		40,80	0	D	
Non- Qualified Stock Option (right to buy)	\$17.76								07/27/2008 <sup>(2</sup>	2) 0	7/27/2017	Common Stock	8,75	0		8,750		D	
Restricted Stock Units	\$0 <sup>(3)</sup>								05/31/2009	0	5/01/2014	Common Stock	1,12	6		1,126		D	
Restricted Stock Units	\$0								09/04/2010	0	9/04/2016	Common Stock	12,00	00		12,00	0	D	

## **Explanation of Responses:**

- $1. \ Options \ for \ 25\% \ of \ the \ shares \ are \ each \ exercisable \ on \ 5/1/08, \ 5/1/09, \ 5/1/10, \ 5/1/11, \ respectively.$
- 2. 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.
- 3. Each restricted stock unit represents a contingent right to receive one share of AngioDynamics, Inc. common stock.

By: K. Wayne McDougall For: D. Joseph Gersuk

10/13/2009

\*\* 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.