FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	e: 0.5								

	Check this box if no longer subjec
١	to Section 16. Form 4 or Form 5
ı	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or Sec	cuon a	30(II) 0	ii trie ii	ivesimer	il Cor	npany Act o	JI 1940	,							
Name and Address of Reporting Person* Centea Scott					2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO]									ck all app Direc	olicable) ctor		erson(s) to I	wner		
(Last) (First) (Middle) 14 PLAZA DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2023									X	Officer (give title below) SVP/C		Other (s below) GM, VIT		specify	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
	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.																			
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Bene	ficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Dat			Date,	3. Transaction Code (Instr. 8)					3, 4 and Secu Bene Owner		cially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A)	or P	rice		ted action(s) 3 and 4)				
Common Stock 07/14/2						2023					517(1)]	D S	\$9.63	48,479			D		
Common Stock 07/17/2						2023					351 ⁽²⁾]	D S	\$9.56	48,128		D			
		Tab		Derivativ (e.g., pu											Owne	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		4) De Se (Ir	Price of rrivative curity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Own For Dire or II (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A) (D)		Date Exercisable		Expiration Date	Title	or Numb of Share							

Explanation of Responses:

- 1. The exempt disposition of 517 shares of common stock of AngioDynamics, Inc. ("AngioDynamics") was made to satisfy tax withholding obligations in connection with the pre-determined vesting of shares underlying restricted stock units granted to the reporting person on July 14, 2020.
- 2. The exempt disposition of 351 shares of common stock of AngioDynamics was made to satisfy tax withholding obligations in connection with the pre-determined vesting of shares underlying restricted stock units granted to the reporting person on July 17, 2019.

/s/ Stephen A. Trowbridge, Attorney in Fact

07/18/2023

** 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.