FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
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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* McCarthy Shawn P (Last) (First) (Middle) 603 QUEENSBURY AVE. | | | | | 2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) | | | | | | | | | | | vner | | | | |
|--|---|--------------------|---|-------------------------------|---|------------|----------|------|--|------|-----------------|--|----------------|-------------------------------------|---|--|---|--|---------------------------------------|--|
| | | | | | 08/ | 08/17/2009 | | | | | | | | | SVP - General Manager | | | | | |
| (Street) QUEENSBURY NY 12804 (City) (State) (Zip) | | | | | 4. 11 | Line) X F | | | | | | | | | | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (- | | (Zip) ole I - Non | -Deriva | ative | e Se | curities | Ac | quired, | Dis | osed o | f, or E | ene | ficiall | y Owned | | | | | |
| 1. Title of | Security (In: | str. 3) | - 1 | 2. Transa Date (Month/D | 2A. Deemed Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | (A) or 3, 4 and | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | Code V | | nt (A) o | | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| Common Stock 08 | | | | 08/03/ | 3/2010 | | | | A | | 8,000 |) | A | \$0 | 8,000 | | D | | | |
| | | | Table II - C | | | | | | uired, C , optior | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | ate, Tr | Transaction Code (Instr. | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisal | | expiration vate | Title | OI N Of | umber | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$12.34 | 08/17/2009 | | | A | | 40,800 | | 08/17/20 | 10 0 | 8/17/2016 | Commo Stock | ⁿ 4 | 0,800 | \$0 | 40,800 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$15.75 | 08/03/2010 | | | A | | 20,000 | | (1) | 0 | 8/03/2017 | Commo Stock | n 2 | 0,000 | \$0 | 20,000 | | D | | |
| Restricted Stock | \$0 | 08/17/2009 | | | A | | 15,000 | | 08/17/20 | 10 0 | 8/17/2017 | Commo | n 1 | 5,000 | \$0 | 15,000 | | D | | |

Explanation of Responses:

 $1. \ Options \ for \ 25\% \ of \ the \ total \ number \ of \ shares \ each \ become \ exercisable \ on \ 8/3/2011, \ 8/3/2012, \ 8/3/2013, \ and \ 8/3/2014.$

Remarks:

The shares of common stock granted to the Reporting Person on 8/3/2010 reported in Table I of this Form 4 reflect the grant of RSUs that vest in 4 equal installments beginning on the first anniversary of the grant date.

> By: K. Wayne McDougall For: 08/05/2010 Shawn McCarthy

** 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.