FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

ı	OIVID APPRO	JVAL
	OMB Number:	3235-0287
	Estimated average burd	en
ı	hours per respense:	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

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1. Name and Address of Reporting Person* Simpson Robert Arthur				2. Issuer Name and Ticker or Trading Symbol ANGIODYNAMICS INC [ANGO]								(Che	ck all applica	ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify				
	14 PLAZA DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 07/18/2018								below)		below) lobal Vascular		Jecliy
LATHAM (Street) NEW YORK NY 12110				4. If	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)	(Sta		Zip)		<u> </u>									Person	ed by More		One report	9
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/L				action	1			3. Transaction Code (Instr.		4. Securitie	es Acquired Of (D) (Insti	d (A) or	5. Amoun Securities Beneficia Owned Fo	5. Amount of Securities Form Beneficially (D)		Direct II	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)				Transacti		(1
Common Stock 07/1				07/18	8/2018		A		4,748(1	4,748 ⁽¹⁾ A		17,431			D			
		1									sed of, o			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Transaction Code (Instr. 3)		of		6. Date Exercis Expiration Date (Month/Day/Yea			7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$20.93	07/18/2018			A		15,126		07/18/2019	g ⁽²⁾	07/18/2028	Common Stock	15,126	\$0	15,12	6	D	
Performance	(3)	07/18/2018			A		9,496		(3)		(3)	Common	9,496	\$0	9,496	5	D	

Explanation of Responses:

- 1. This acquisition of 4,748 shares of common stock ("Common Stock") of AngioDynamics, Inc. represents 4,748 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 annual installments beginning on July 18, 2019, such that 25% of the restricted stock units will vest on each of July 18, 2019, 2020, 2021 and 2022.
- 2. These stock options vest in four equal annual installments beginning on July 18, 2019, such that 25% of the options will vest on each of July 18, 2019, 2020, 2021 and 2022.
- 3. Each performance right represents a contingent right to receive one share of Common Stock. The target number of shares of Common Stock is set forth in columns 5 and 7 of Table II. Between 0% and 200% of the target number will be earned based on total shareholder return relative to a peer group of companies over a three-year performance period ending May 31, 2021. Any shares that do not vest at the end of the performance period will be forfeited.

/s/ Stephen A. Trowbridge, 07/20/2018 Attorney in Fact

** 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.