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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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1. Name and Address of Reporting Person [*] Maida Robert P			2. Issuer Name and Ticker or Trading Symbol <u>ALLIED MOTION TECHNOLOGIES INC</u> [AMOT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below)			
(Last) (First) (Middle) ALLIED MOTION TECHNOLOGIES INC. 495 COMMERCE DRIVE, SUITE 3		LOGIES INC.	3. Date of Earliest Transaction (Month/Day/Year) 03/04/2015	Chief Financial Officer			
(Street) AMHERST (City)	NY (State)	14228 (Zip)	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 Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date Execution Day(Year) if any		2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/04/2015		A		1,191(1)	A	\$ <mark>0</mark>	44,085	D	
Common Stock	03/04/2015		A		595 ⁽²⁾	A	\$ <mark>0</mark>	44,680	D	
Common Stock	03/04/2015		A		2,148 ⁽³⁾	A	\$ <mark>0</mark>	46,828	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares				

Explanation of Responses:

1. Grant of restricted shares pursuant to the Company's 2007 Stock Incentive Plan. These restricted shares vest one-third each on March 31, 2016, 2017 and 2018.

2. Grant of performance shares pursuant to the Company's 2007 Stock Incentive Plan. All or a portion of these STIP performance shares will vest over a three-year period upon the satisfaction of certain performance goals established by the Compensation Committee for the year ending December 31, 2015.

3. Grant of performance shares pursuant to the Company's 2007 Stock Incentive Plan. All or a portion of these LTIP performance shares will vest over a three-year period upon the satisfaction of certain performance goals established by the Compensation Committee for any year during the five-year period ending December 31, 2019.

Remarks:

Susan M. Chiarmonte,
attorney-in-fact for Robert P.
Maida

03/06/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.