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
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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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* WARZALA RICHARD S					2. Issuer Name and Ticker or Trading Symbol ALLIED MOTION TECHNOLOGIES INC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					ALLIED MOTION TECHNOLOGIES INC									<u> </u>	X	Direc	ctor	X	10% O	wner		
(Last) (First) (Middle)					[12.	[111101]										Office	er (give title v)		Other (below)	specify		
ALLIED MOTION TECHNOLOGIES INC.					3. Date of Earliest Transaction (Month/Day/Year)										Chief Executive Officer							
495 COMMERCE DRIVE, SUITE 3					03/02/2016																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line) X Form filed by One Reporting Pe					on		
AMHER	ST NY	Y 1	14228												Λ	Form filed by One Reporting Person Form filed by More than One Reporting						
(0)			 · \													Person				orung		
(City)	(St	ate) (Zip)																			
		Tabl	e I - No	n-Deriva	ative S	Secu	ıritie	s Acc	uired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed					
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 ar	and 5) Securiti Benefici Owned I		ities cially d Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)		Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock			03/02/2	03/02/2016				F		1,700(1	.)	D	\$19.82		1,063,201		D					
Common	Stock			03/31/2	2016				F		17,6930	2)	D	\$17	'.99	1,045,508 D						
Common	ommon Stock															1	4,620		I	By ESOP Trust		
		Та									sed of, onvertib					vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if an		n Date,	ransaction Code (Instr.		n of		6. Date E Expiratio (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	Deriv	ivative curity ctr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	F C O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					ode \	,	(A)		Date Evercisa		Expiration	 _{Ti+l}	of	mber								

Explanation of Responses:

- 1. On March 2, 2016, 3,832 restricted shares vested and the Reporting Person instructed the Company to withhold 1,608 shares of common stock to cover tax withholding obligations as permitted under the Company's 2007 Stock Incentive Plan, as amended.
- 2. On March 31, 2016, 39,876 restricted shares vested and the Reporting Person instructed the Company to withhold 17,693 shares of common stock to cover tax withholding obligations as permitted under the Company's 2007 Stock Incentive Plan, as amended.

Remarks:

Susan M. Chiarmonte, Attorney-in-Fact for Richard S. 05/06/2016 **Warzala**

Date

** Signature of Reporting Person

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.