## FORM 5

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

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| _           |      |       |   |
|-------------|------|-------|---|
| Washington. | D.C. | 20549 | ) |

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR             | OVAL      |
|----------------------|-----------|
| OMB Number:          | 3235-0362 |
| Estimated average bu | rden      |
| hours per response:  | 1.0       |

Form 3 Holdings Reported.

| X Form 4  | Transactions F  | Reported.                                  | File  | ed pursuant to<br>or Sectior  |   |   |   |  | ities Excha<br>ompany Ad |   |  |  |   |   |                                      |   |                                       |
|---|---|--|---|---|---|---|---|--|--------------------------|---|--|--|---|---|--------------------------------------|---|---------------------------------------|
| 1. Name and Address of Reporting Person*  WARZALA RICHARD S |   |  |   | 2. Issuer Name and Ticker or Trading Symbol ALLIED MOTION TECHNOLOGIES INC AMOT |   |   |   |  | (Che                     | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner |  |  |   |   |                                      |   |                                       |
|   |   | st) (<br>FECHNOLOGII<br>PRIVE, SUITE 3     |   | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015         |   |   |   |  |                          | 2   | X Officer (give title Other (specify below)  Chief Executive Officer |  |   |   |                                      |   |                                       |
| (Street)  AMHER:  | ST NY   |  | .4228<br>Zip)   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |   |   |   |  |                          |   | Line   | Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |                                      |   |                                       |
|   |   | Tabl                                       | e I - Non-Deriv   | ative Sec   | uritie  | s Ac  | quir  | ed, Di   | sposed                   | of, or  | Benef  | iciall   | y Owne  | ed  |                                      |   |                                       |
| Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8)                     |   | 4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5) |  |                          |   | sed Of   | Securities<br>Beneficial   |   | Form  | wnership I<br>orm: Direct I          | 7. Nature of<br>Indirect<br>Beneficial                                  |                                       |
|   |   |  |   |   |   |   |   | Amoun  | t                        | (A) or<br>(D)   | or Price   |  | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) |   | (D) or<br>Indirect (I)<br>(Instr. 4) |   | Ownership<br>(Instr. 4)               |
| Common  | Stock   |  | 10/19/2015  | 15 F4 16,826 <sup>(1)</sup> D \$20.16   |   |   | 1,02  | 5,522  |                          | D   |  |  |   |   |                                      |   |                                       |
| Common  | Stock   |  | 10/23/2015  |   |   | G   |   | 2,   | 400                      | D   | (2   | <sup>2)</sup> 1,023,122 D  |   |   |                                      |   |                                       |
| Common  | Stock   |  | 12/29/2015  |   |   | G   |   | 2,   | 500                      | D   | (2   | !)   | 1,020,622 D   |   |                                      |   |                                       |
| Common  | Stock   |  |   |   |   |   |   |  |                          |   |  |  | 14,620 I By ES<br>Trust                               |   |                                      | By ESOP<br>Trust  |                                       |
|   |   | Та   | ble II - Derivat<br>(e.g., p                                | ive Secur<br>uts, calls,  |   |   |   |  |                          |   |  | •  | Owned   |   |                                      |   |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)         | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)   | of<br>Derive<br>Secur<br>Acqui<br>(A) or<br>Dispo<br>of (D) | vative urities uired or coosed or co) tr. 3, 4 5) |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                          | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)               |  | int<br>eer   |   | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | lly                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |

#### **Explanation of Responses:**

1. On October 19, 2015, the Reporting Person instructed the Company to withhold 16,826 shares of common stock to cover tax withholding obligations as permitted under the Company's 2007 Stock Incentive Plan, as amended.

2. Bona fide gift of securities.

## Remarks:

<u>Susan M. Chiarmonte,</u> <u>Attorney-in-Fact for Richard S.</u> <u>02/16/2016</u> <u>Warzala</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.