Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
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|--------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number | 3235-0287 | | | | | | | | | |
| OMB Number: | | | | | | | | | | |
| Estimated average | burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

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 [AMOT] | | | | | | | | | k all app Direc | , | ng Pei X | . , | wner | |
|--|--|--|--|---|---|---|---|------|---|--------|--------------------|--|------|--|---|---|---|---------------------|---|--|
| (Last) (First) (Middle) ALLIED MOTION TECHNOLOGIES INC. 495 COMMERCE DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2022 | | | | | | | | | X | below | below Chief Executive Officer | | below) | | | |
| (Street) AMHERST NY 14228 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Form Form | fual or Joint/Group Filing (Check Applicable 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) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 5. An 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 12/00 | | | | 12/06/2 | 2022 | | | | F | | 3,891(1) | D | \$ | 35.63 | 35.63 1,528,0 | | 28,095 | | | |
| Common Stock | | | | | | | | | | | | | | | 24,777 | | I | By ESOP Trust | | |
| | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | | (A) | (D) | Date Exercisable | | Expiration Date | Amount or Number of Shares | | er | | | | | | |

Explanation of Responses:

1. On the indicated date, the Reporting Person instructed the Company to withhold shares of common stock to cover tax withholding obligations upon the vesting of restricted stock as permitted under the applicable shareholder-approved stock incentive plan.

/s/ Michael C. Donlon,

Attorney-in-Fact for Richard

S. Warzala

** Signature of Reporting Person Date

12/08/2022

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.