FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| Instruction 1(b | o). | F | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 | 34 |
|---|---------|-----------------------------------|--|---|
| , | | | or Section 30(h) of the Investment Company Act of 1940 | |
| 1. Name and Add Maida Robe (Last) | | g Person [*] (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>ALLIED MOTION TECHNOLOGIES</u> <u>INC</u> [AMOT] 3. Date of Earliest Transaction (Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) SVP Operational Excellence |
| ALLIED MOT 495 COMME | | OLOGIES INC. | 12/06/2020 | SVF Operational Excenence |
| 495 COMMEN | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable |
| (Street) | | | | Line) |
| AMHERST | NY | 14228 | | X Form filed by One Reporting Person |
| | 111 | 17220 | | Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | |

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 Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 | 12/06/2020 | | F | | 203 | D | (1) | 64,339 | D | |
| Common Stock | 12/07/2020 | | F | | 186 | D | (1) | 64,153 | D | |
| Common Stock | | | | | | | | 2,699 | Ι | 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) | or Exercise (Month/Day/Year) if any | | Execution Date, | 4. Transaction Code (Instr.) 8) | | | | 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. 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.

Remarks:

Michael C. Donlon, attorneyin-fact for Robert P. Maida

12/08/2020

** 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.