FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burde | en |
| l | hours per response: | 0.5 |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | d Address of Michel M | Reporting Person* | | | AL | | O MO | | | | Symbol INOLO | GIES I | <u>NC</u> | | k all app | olicable) | ng Person(s) to I | ssuer Owner |
|---|--------------------------|--|--------------|---|--|-------|---------------------------|---|-----------------|--|---------------------------------|---|---|--|-----------------------|---|--|-----------------------|
| | | on TECHNOL ORIVE, SUITE | | INC. | 3. Da | | arliest 1 | Frans | action (I | Month | ı/Day/Year) | | | | Offic belov | er (give title w) | Other below | (specify) |
| (Street) | | | 14228 | | 4. If A | Amend | ment, D | ate o | f Origina | al File | d (Month/Da | ay/Year) | | 6. Indi Line) X | Forn Forn | n filed by One | o Filing (Check A e Reporting Pers re than One Rep | son |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Pers | son | | |
| | | Tab | le I - No | on-Deriva | ative | Secu | rities | Acc | quired | l, Dis | sposed o | f, or Be | enefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a | | | 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 | 9 | | rted action(s) 3 and 4) | | (Instr. 4) |
| Common | Stock | | | | | | | | | | | | | | (| 5,000 | D | |
| Common | Stock | | | | | | | | | | | | | | 14 | 15,770 | I | By IRA |
| Common Stock | | 11/22/2013 | | | | S | | 19 | D | \$1 | 10.8 | 7,321 | | I | By Family Trust | | | |
| Common | Stock | | | 11/25/2 | 013 | | | | S | | 100 | D | \$1 | 10.8 | 7 | 7,221 | I | By Family Trust |
| Common Stock | | | 11/19/2013 | | | | S | | 2,000 | D | \$10 | J.01 ⁽¹⁾ | 1 ⁽¹⁾ 33,925 | | I | By two trusts for the benefit of the Reporting Person's children | | |
| | | Ta | able II - | | | | | | | | osed of, | | | | wned | | | |
| 1. Title of Derivative Conversion Date 3A. Deemed Execution Date, Trans | | 1. Fransac Code (Ir | 5. Number of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | isable and tte ear) | Amount of Securities Underlying Derivative Security (Inst and 4) | | 8. Price of Derivative Security (Instr. 5) 3 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Evalenation | | | | | Code | v | (A) (I | D) | Date Exercis | able | Expiration Date | | Numbe of Shares | | | | | |

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.00 to \$10.20, inclusive. The reporting person undertakes to provide to Allied Motion Technologies Inc., any security holder of Allied Motion Technologies Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

Remarks:

Susan M. Chiarmonte, Attorney-in-Fact for Michel M. 11/26/2013 Robert

Date

** Signature of Reporting Person

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

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.

^{*} 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).