FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
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

1. Name and Address of Reporting Person* Robert Michel M				<u>A</u> 1	2. Issuer Name and Ticker or Trading Symbol ALLIED MOTION TECHNOLOGIES INC [AMOT]									k all app Dired	olicable)		ssuer Owner (specify	
(Last) (First) (Middle) C/O ALLIED MOTION TECHNOLOGIES INC. 455 COMMERCE DRIVE, SUITE 4					3. Date of Earliest Transaction (Month/Day/Year) 09/24/2013									belo	w)	below)	
(Street) AMHERST NY 14228 (City) (State) (Zip)			4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(- 9)	(n-Deriv	ative	Se	curitie	s Ac	uired.	Dis	posed o	f. or	Bene	ficially	Owne	ed		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date,		3. 4. Transaction Di Code (Instr. 5)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 s			() or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	ode V Amount			A) or Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock														6	5,000	D	
Common	Stock														14	15,770	I	By IRA
Common	Stock			09/24	/2013	3			S ⁽¹⁾		5,000		D	\$8.08	7	7,340	I	By Family Trust
Common Stock														3	5,925	I	By two trusts for the benefit of the Reporting Person's children	
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) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8		4. Transa Code 8)	ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		able and	nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe		8. i De Se (In:	Price of rivative curity str. 5)	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)				

Explanation of Responses:

1. Represents the sale of shares by the Reporting Person pursuant to a privately negotiated transaction between the Reporting Person and another member of the Board of Directors of Allied Motion Technologies Inc.

Remarks:

In addition to the transaction reported herein, the Reporting Person is updating his direct and indirect holdings of the Company's Common Stock. After a review of the Reporting Person's records, it was determined that previous transactions involving the Reporting Person's direct and indirect holdings were inadvertently reported under the incorrect form of beneficial ownership. In addition, the Reporting Person's holdings are being updated to reflect additional shares acquired through a broker sponsored dividend reinvestment program.

Susan M. Chiarmonte,

Attorney-in-Fact for Michel M. 09/26/2013

Robert

** 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.