## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

Washington,	D.C.	20549	

	OMB APPROVAL				
HANGES IN BENEFICIAL	OMB Number:	3235-03			
MINUTE IN BEINE IOME	11				

ction 16. Form 4 or Form 5 ligations may continue. See struction 1(b).	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
rm 3 Holdings Reported.	

362 Estimated average burden hours per response: 1.0

Form 4	Transactions F	teported.	1 110						ompany Ac									
Name and Address of Reporting Person*     SMITH RICHARD D /CO/			2. Issuer Name and Ticker or Trading Symbol ALLIED MOTION TECHNOLOGIES INC [ AMOT ]						SINC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last)	(Fir	st) (I	Middle)									Officer (give title Other (sp below) below)						
` '	IED MOTI	ON TECHNOLO	OGIES INC.	3. Stateme		Issuer'	s Fisca	ıl Year I	Ended (Mor	nth/Day/	Year)							
495 COM	MERCE D	RIVE, SUITE 3																
				4. If Amen	dment	, Date	of Origi	inal File	ed (Month/D	ay/Yeaı	r)	6. Inc Line)	dividual o	r Joint/Gro	up Fili	ng (Check	Applicable	
(Street)  AMHERS	ST NY	7 1	4228									X	Form	filed by O	ne Re	porting Pe	erson	
												Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)															
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed	of, or	Benefic	ially	/ Owne	ed				
1. Title of Se	ecurity (Instr. 3	)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.						Securities Beneficially		es ally	6. Ownership Form: Direct		7. Nature of Indirect Beneficial	
			(Month/Day/	(Month/Day/Year) 8)			Amount (A) or (D) Price			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Fiscal	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)			
Common	Stock										33,253(1)		D					
Common Stock 08/22/2014		G		3	4,260		D	(2)		570,350 <sup>(1)</sup>		I		By Family Trust				
Common Stock												900		I		By Spouse's IRA		
Common	Stock										18,016(3)		I		By IRA			
		Ta	ble II - Derivat (e.g., pı	ive Secur uts, calls,			,					•	Owned					
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any		Transaction Code (Instr. 8)  Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		Price of erivative ccurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s S Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Benefici Ownersl t (Instr. 4)		

## **Explanation of Responses:**

- 1. The Reporting Person transferred 2,567 shares from his direct ownership to the Family Trust in a transaction that was exempt from reporting under Rule 16a-13.
- 2. Bona fide gift of securities.
- 3. Includes an additional 608 shares the Reporting Person received in a distribution from the Company's Employee Stock Ownership Plan and transferred to his IRA account.

The Reporting Person's Direct holdings include 18,780 shares that have been gifted to his grandchildren but the Reporting Person has retained voting rights to these securities. The Reporting Person disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

> Susan M. Chiarmonte 02/17/2015 attorney-in fact for Richard D. Smith

\*\* 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.