### Edgar Filing: ALLIED CAPITAL CORP - Form 4

ALLIED C.	APITAL CORP											
Form 4												
May 16, 20									0145.4			
FORM	$14_{\text{UNITED}}$	STATES	SECU	DITIFS /	ND FY	СНА	NCF	COMMISSION	- .T	PPROVAL		
	UNITED	SIAILS					IIIGE		Number:	3235-02	87	
Check t			Washington, D.C. 20549					Expires:	January 3	31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL O						LOV	WNERSHIP OF	20	05			
Section										Estimated average burden hours per		
Form 4									response	•	).5	
Form 5 obligation	-							nge Act of 1934,				
may cor	ntinue. Section 17	· ·		nvestmen	U	-	•	of 1935 or Sectio	on			
<i>See</i> Inst 1(b).	ruction	50(II)	of the fi	livesuiieii	i Compa	Iy At	.1 01 1	940				
1(0).												
(Print or Type	Responses)											
	Address of Reporting	Person <sup>*</sup>		2. Issuer Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
SPARROW SUZANNE V			Symbol									
			ALLIED CAPITAL CORP [ALD]			(Check all applicable)						
(Last) (First) (Middle)			3. Date of Earliest Transaction							~ 0		
1919 PFNI	NSVI VANIA AV	/FNUF	(Month/Day/Year) 05/15/2007					Director X Officer (giv		title 10% Owner Other (specify		
1919 PENNSYLVANIA AVENUE, ( NW, 3RD FLOOR				03/13/2007			below) below) Executive Vice President					
,	(Street)					_						
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check							
				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
WASHING	GTON, DC 20006	-						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)										
(eny)	× ,	· • ·		ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security								6. Ownership Form: Direct	7. Nature of Indirect			
(Instr. 3)	(Wonth/Day/Tear)	any	Date, II	if TransactionAcquired (A) or Code Disposed of (D)				(D) or Indirect				
		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3,	4 and	5)		(I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly of	or indirectly.				

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Incentive Stock Option (right to buy)	\$ 29.58	05/15/2007		А	3,380	<u>(1)</u>	05/15/2014	Common Stock	3,3
Non-Qualified Stock Option (right to buy)	\$ 29.58	05/15/2007		А	66,370	<u>(1)</u>	05/15/2014	Common Stock	66,3

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
r B	Director	10% Owner	Officer	Other		
SPARROW SUZANNE V 1919 PENNSYLVANIA AVENUE, NW 3RD FLOOR WASHINGTON, DC 20006			Executive Vice President			

## Signatures

Suzanne V. Sparrow <u>\*\*Signature of</u> Reporting Person Date

### **Explanation of Responses:**

- \* 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).

(1) The May 15, 2007 option grant vests in three equal installments on 6/30/2007, 6/30/2008 and 6/30/2009

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.