### ALLIED CAPITAL CORP

Form 4 March 19, 2008

FORM 4

#### **OMB APPROVAL**

3235-0287

January 31,

2005

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Number: Expires:

OMB

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Stock

(Print or Type Responses)

			Symbol	2. Issuer Name and Ticker or Trading Symbol ALLIED CAPITAL CORP [ALD]			5. Relationship of Reporting Person(s) to Issuer			
			fiddle) 3 Date	of Earliest Tr	ansaction		(Check all applicable)			
	` ,	SYLVANIA AVI	(Month/	Day/Year)	ansaction		X Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer			
		(Street)		nendment, Da onth/Day/Year	_		6. Individual or Jo Applicable Line)	•		
	WASHINGT	ΓΟN, DC 20006					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State)	(Zip) Tal	ole I - Non-D	erivative Se	curities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securitie on(A) or Disp (Instr. 3, 4	osed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
	Common Stock	03/18/2008		M	160,013	A (1)	718,031 (2)	D		
	Common Stock						18,625	I	by 401K	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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## 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units	<u>(1)</u>	03/18/2008		M		160,013	<u>(3)</u>	(3)	Common Stock	160,013

Γ

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
coporting of the common control	Director	10% Owner	Officer	Other		
SWEENEY JOAN M 1919 PENNSYLVANIA AVENUE, NW 3RD FLOOR WASHINGTON, DC 20006	X		Chief Operating Officer			

## **Signatures**

s/ Joan M.
Sweeney

\*\*Signature of Date

\*\*Signature of
Reporting Person

## **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) Each Phanton Stock Unit had the economic equivalent of one share of Allied Capital common stock.
- (2) Total includes shares which were previously reported as indirectly held in a joint account.
- (3) On December 14, 2007 the Board of Directors of Allied Capital resolved to terminate the Company's deferred compensation plans and to distribute the accounts to participants on March 18, 2008, the termination and distribution date.

### **Remarks:**

401(k) Plan holdings adjusted for routine non-reportable transactions.

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.

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