## Edgar Filing: ALLIED CAPITAL CORP - Form 4

| ALLIED CAPITAL CORP   |   |     |  |  |
|---|---|-----|--|--|
| Form 4  |   |     |  |  |
| May 17, 2007  |   |     |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                                   | OMB APPROVAL  |     |  |  |
| Washington, D.C. 20549  | OMB 3235-028<br>Number:   | 87  |  |  |
| Check this box  | Expires: January 3  |     |  |  |
| if no longer<br>subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF                | . 200   | 05  |  |  |
| Section 16. SECURITIES Form 4 or  | Estimated average burden hours per  |     |  |  |
| Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,            | response 0  | ).5 |  |  |
| obligations<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |   |     |  |  |
| may continue. $20(h)$ of the Investment Company Act of 1040                               |   |     |  |  |
| See Instruction 50(ff) of the Investment Company Act of 1940<br>1(b).                     |   |     |  |  |
| 1(0).   |   |     |  |  |
| (Print or Type Responses)   |   |     |  |  |
|   |   |     |  |  |
|   | 5. Relationship of Reporting Person(s) to   |     |  |  |
| SWEENEY JOAN M Symbol Issuer  | Issuer  |     |  |  |
| ALLIED CAPITAL CORP [ALD]   | -111:1-1-)  |     |  |  |
| (Last) (First) (Middle) 3. Date of Earliest Transaction                                   | all applicable)   |     |  |  |
| (Month/Day/Year)X_Director  | 10% Owner   |     |  |  |
| 1919 PENNSYLVANIA AVENUE, 05/15/2007X_Officer (give ti                                    | title Other (specify below)   |     |  |  |
| NW 2DD ELOOD below)   |   |     |  |  |
|   | Chief Operating Officer   |     |  |  |
|   | <ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul> |     |  |  |
|   |   |     |  |  |
| Forme filed by Mo   | ore than One Reporting  |     |  |  |
| WASHINGTON, DC 20006  |   |     |  |  |
| (City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of,</b>    | or Beneficially Owned   |     |  |  |
| 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6.                | Ownership 7. Nature of  |     |  |  |
|   | orm: Direct Indirect  |     |  |  |
|   | ) or Indirect Beneficial  |     |  |  |
| (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I)<br>Following (In                | Ownership<br>(Instr. 4)   |     |  |  |
| Reported  | (1154. 1)   |     |  |  |
| (A) Transaction(s)  |   |     |  |  |
| or (Instr. 3 and 4)   |   |     |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly 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 Amou |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|-------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti | orDerivative | Expiration Date         | Underlying Secur  |
| Security    | or Exercise |                     | any                | Code      | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)  |

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| (Instr. 3)                                      | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. 8) | Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4, and<br>5) |                       |                    |                 |                  |
|---|------------------------------------|------------|------------------|------------|---|-----------------------|--------------------|-----------------|------------------|
|   |                                    |            |                  | Code V     | (A) (E  | ) Date<br>Exercisable | Expiration<br>Date | Title           | Am<br>Nui<br>Sha |
| Incentive<br>Stock Option<br>(right to buy)     | \$ 29.58                           | 05/15/2007 |                  | А          | 6,760   | (1)                   | 05/15/2014         | Common<br>Stock | 6                |
| Non-Qualified<br>Stock Option<br>(right to buy) | \$ 29.58                           | 05/15/2007 |                  | А          | 132,740   | (1)                   | 05/15/2014         | Common<br>Stock | 13               |

## **Reporting Owners**

| Reporting Owner Name / Address   |            | Relationships |           |                         |       |  |  |
|--|------------|---------------|-----------|-------------------------|-------|--|--|
|  |            | Director      | 10% Owner | Officer                 | Other |  |  |
| SWEENEY JOAN M<br>1919 PENNSYLVANIA AVI<br>3RD FLOOR<br>WASHINGTON, DC 20006 | ENUE, NW   | Х             |           | Chief Operating Officer |       |  |  |
| Signatures   |            |               |           |                         |       |  |  |
| s/ Joan M.<br>Sweeney  | )5/17/2007 |               |           |                         |       |  |  |
| And all a  | -          |               |           |                         |       |  |  |

<u>\*\*</u>Signature of 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.