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ALLIED CA	APITAL CORP									
Form 4										
December 2	1, 2004									
FORM	ΠΔ							-	PPROVAL	
	UNITED	STATES		RITIES A Ashington			E COMMISSION	OMB Number:	3235-02	287
Check th	~~~							Expires:	January	
if no lon subject t	STATEN	AENT OI	F CHAN	NGES IN	BENEF	ICIAL O	WNERSHIP OF	•	-	005
Section				SECU	RITIES			Estimated burden hou	0	
Form 4 of	or							response	•	0.5
Form 5	Filed put	rsuant to S	Section 1	16(a) of th	ne Securit	ties Excha	nge Act of 1934,			
obligatio may con		(a) of the l	Public U	Jtility Hol	ding Con	npany Act	of 1935 or Section	on		
See Instr		30(h)	of the In	nvestment	t Compan	y Act of 1	940			
1(b).										
(Print or Type	Responses)									
	Address of Reporting WILLIAM L	Person [*]		er Name an	d Ticker or	Trading	5. Relationship o Issuer	of Reporting Per	rson(s) to	
WALION			Symbol			155001				
			ALLIED CAPITAL CORP [ALD]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction					
				Day/Year)			_X_ Director		% Owner	
	ISYLVANIA AV	'ENUE,	12/21/2	2004			XOfficer (giv below)	below)	ner (specify	
NW, 3RD I	LOOR						Ch	airman & CEO		
	(Street)		4. If Am	endment, D	ate Origina	1	6. Individual or J	loint/Group Fili	ng(Check	
				onth/Day/Yea	U		Applicable Line)		0	
			,	2	<i>.</i>		_X_ Form filed by			
WASHING	TON, DC 20006						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of	f
Security	(Month/Day/Year)	Execution	Date, if	Transactio Code	nAcquired			Form: Direct	Indirect	
(Instr. 3)		any (Month/Da	av/Year)	(Instr. 8)	Disposed (Instr. 3, 4		•	(D) or Indirect (I)	Ownership	
		(WIOIIII) De	iy/ I cai)	(Instr. 0)	(11301. 5, -	f and <i>S</i>)		(Instr. 4)	(Instr. 4)	
						(A)	Reported	. ,	. ,	
						(A) or	Transaction(s)			
				Code V	Amount	(D) Price	(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 (9-02) 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 Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)) (Instr.	8)	Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of					(Inst
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 27.64	12/21/2004	А		26,258		(1)	(2)	Common Stock	26,258	\$ 2

Reporting Owners

Reporting Owner Name / Address			Re	lationships	
		Director	10% Owner	Officer	Other
WALTON WILLIAM L 1919 PENNSYLVANIA AVENUE, NW 3RD FLOOR WASHINGTON, DC 20006		Х		Chairman & CEO	
Signatures					
William L. Walton	12/21/2004				
<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 phantom stock units were awarded under the Allied Capital Corporation Deferred Compensation Plan II and are fully vested.

(2) Upon termination, phantom stock units will be distributed over a two year period or immediately upon a change in control.

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.