## Edgar Filing: ALLIED CAPITAL CORP - Form 4

ALLIED CA	APITAL CORP									
Form 4										
December 1	9, 2006									
FORM	ΠΔ								PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-0287	
Check th				U				Expires:	January 31,	
if no lon subject t		AENT OI	F CHAN	<b>IGES IN</b>	BENEF	ICIAL O	WNERSHIP OF	Estimated	2005	
Section				urs per						
Form 4 of	or							response	•	
Form 5							nge Act of 1934,			
obligatic may con		a) of the l	Public U	tility Hol	ding Con	npany Act	of 1935 or Section	on		
See Instr		30(h)	of the II	nvestment	Compar	y Act of 1	940			
1(b).										
(Print or Type	Responses)									
	Address of Reporting	Person <sup>*</sup>		er Name <b>an</b>	d Ticker or	Trading	5. Relationship o Issuer	of Reporting Per	cson(s) to	
SWEENEY	JOAN M		Symbol				Issuel			
			ALLIE	D CAPIT	AL COR	P[ALD]	(Check all applicable)			
(Last) (First) (Middle) 3.			3. Date of	of Earliest T	ransaction					
				Day/Year)			X Director		% Owner	
	ISYLVANIA AV	'ENUE,	12/18/2	2006			X Officer (give below)	below)	ner (specify	
NW, 3RD I	LOOR						Chief	f Operating Offi	cer	
(Street) 4. If			4. If Am	If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
				Month/Day/Year)			Applicable Line)			
							_X_ Form filed by			
WASHING	TON, DC 20006						Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)					Securities	Form: Direct (D) or Indirect	Indirect		
(Instr. 3)				(Instr. 8)	(Instr. 3, 4		· · ·	(I) or maneet	Ownership	
		(infolicity De	<i>xy</i> , <i>i</i> cui)	(111511:0)	(msu: 5,	( und 5)	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(IIISU. 5 alld 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	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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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)				(Ir		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	12/18/2006		А		5,731		(2)	(3)	Common Stock	5,731	\$ 32.14

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
Topologie ( the final of the second	Director	10% Owner	Officer	Other				
SWEENEY JOAN M 1919 PENNSYLVANIA AVENUE, N 3RD FLOOR WASHINGTON, DC 20006	w x		Chief Operating Officer					
Signatures								
s/ Joan M. Sweeney 12/19/200	06							

<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) Phantom Stock Units acquired have a 1 for 1 conversion.
- (2) The phantom stock units were awarded under the Allied Capital Corporation Deferred Compensation Plan II and are fully vested.
- (3) Upon termination, phantom stock units will be distributed over a two year period or immediately upon a change in control.
- (4) Securities adjusted for 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.