Edgar Filing: ALLIED CAPITAL CORP - Form 4

ALLIED CA	APITAL CORP										
Form 4											
March 24, 2	005										
FORM	ЛД									PPROVAL	
	UNITED	STATES		RITIES A			NGE	COMMISSIO	N OMB Number:	3235-028	87
Check the				_					Expires:	January 3	
if no lon subject t								WNERSHIP OF	· ·	200	05
Section									Estimated burden hou		
Form 4	or								response	•).5
Form 5	Filed put	rsuant to S	ection 1	16(a) of th	ne Securi	ties E	Excha	nge Act of 1934,	•		
obligatio	ons Section 17(of 1935 or Secti			
may con <i>See</i> Inst	lunue.			nvestment							
1(b).	luction				1	5					
-(-).											
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person [*]	2. Issue	er Name an o	d Ticker or	Tradi	ng	5. Relationship	of Reporting Per	son(s) to	
LONG RO	BERT D		Symbol			Issuer					
			ALLIED CAPITAL CORP [ALD]				LDI				
]	(Check all applicable)				
(Last)	(First) (of Earliest T	ransaction						
1010 DENI	JOVI VANIA AV		(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
	NSYLVANIA AV	ENUE,	03/24/2	2005				below)	below)	er (speeny	
NW, 3RD I	FLOOR							Ma	anaging Director	·	
	(Street)		4. If Am	endment, Da	ate Origina	ıl		6. Individual or	Joint/Group Fili	ng(Check	
				onth/Day/Yea	-			Applicable Line)	· · · · · · · · · · · · · · · · · · ·	0	
			,	ý	·			_X_ Form filed by			
WASHING	TON, DC 20006								More than One R	eporting	
								Person			
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deeme	d	3.	4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution I	Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Dou	(Vaar)	Code	Disposed			Beneficially	(D) or Indirect		
		(Month/Day	y/ i eai)	(Instr. 8)	(111501.5,4	+ and .	5)	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(insur i)	(1115111-1)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
					mount	(D)	Thee				
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities benef	ficially ow	ned di	rectly o	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	Transaction	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 (D) (Instr. 3, and 5)	d of					(Instr.
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	03/24/2005		А		2,728		(2)	(3)	Common Stock	2,728	\$ 26.5

Reporting Owners

Reporting Owner Name / Address	Relationships							
F	Director	10% Owner	Officer	Other				
LONG ROBERT D 1919 PENNSYLVANIA AVENUE, NW			Managing					
3RD FLOOR WASHINGTON, DC 20006			Director					
Signatures								
s/Robert D								

s/ Robert D	03/24/2005
Long	03/24/2003

<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.