MCGIMPSEY THOMAS O

Form 4

February 06, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

3235-0287 Number:

Expires: 2005 Estimated average

10% Owner

January 31,

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Check this box if no longer subject to Section 16. Form 4 or

SECURITIES

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCGIMPSEY THOMAS O Symbol

2. Issuer Name and Ticker or Trading

ADVANCED ENERGY **INDUSTRIES INC [AEIS]**

3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

(Month/Day/Year) 02/02/2018

Director X_ Officer (give title _ Other (specify below) EVP Gen Counsel & Corp Sec

1625 SHARP POINT DRIVE (Street)

(State)

(Zip)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

FORT COLLINS, CO 80525

(City)

(City)	(State)	Table Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	, , ,			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/02/2018		F	868 (1)	D	\$ 69.69	44,354	D	
Common Stock	02/02/2018		A	4,822 (2)	A	\$ 0	49,176	D	
Common Stock	02/05/2018		F	1,903 (1)	D	\$ 66	47,273 <u>(3)</u>	D	

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

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number.

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. Transa Code (Instr.		5. Number sion Derivative 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
Performance Units	\$ 0	02/02/2018		A	V	9,645		<u>(4)</u>	<u>(4)</u>	Common Stock	9,645

Relationshins

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

MCGIMPSEY THOMAS O 1625 SHARP POINT DRIVE FORT COLLINS, CO 80525

EVP Gen Counsel & Corp Sec

Signatures

/s/ Thomas O. 02/06/2018 McGimpsey

**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) Payment of tax liability by witholding securities incident to vesting of restricted stock units.

Date

- The employee Restricted Stock units granted 2/2/2018 under the Company's 2018 Long Term Incentive Plan (LTI Plan) will vest in three equal installments beginning on the first anniversary of the grant date.
- (3) Represents 23,014 shares of Restricted Stock units and 6,166 shares of Performance Stock Units and 18,093 shares of common stock.
 - These performance share awards were issued under the 2018 LTI Plan at 200% of target and have a 3-year vest period and will vest in all
- (4) or in part upon achievement of performance metrics. Any awards that have not been vested and released at the end of the 3 year period will be cancelled.

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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