## FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☑ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Estimated average burden hours per response... 0.5

OMB APPROVAL OMB Number: 3235-0287

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					_													
1. Name and Address of Reporting Person *						2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FOSTER RC	NAID (	7			ΑD	VA	NCE	D ENER	RGY	INI Y	USTF	RIES	5		,			
FOSTER RONALD C						INC [AEIS]								X Director10% Owner				
(Last)	(Last) (First) (Middle)					Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below) Other (specify below)					
1595 WYNKOOP STREET, SUITE 800						12/1/2023												
					4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
DENVER, C	O 80202							,	8				,				. 11	,
(City) (State) (Zip)					-	1							X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C)	(3141	<i>c)</i> (ZII	')		1													
			Table I	- Non-	-Deri	ivativ	ve Secu	ırities Acq	uire	ed, Dis	posed o	f, or l	Ben	eficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. E					Execu	Deemed ation if any	or Disposed of (D) Fo				F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership			
								Code	V	Amou	(A) or (D)	Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				12/1/20	23			S <sup>(1)</sup>		1,00	0 D	\$9	95			618	D	
Common Stock																18,425 (2)	I	By Self As Trustee
Common Stock															18,425 (3)	I	By Spouse As Trustee	
	Tabl	le II - Der	ivative	Securi	ties I	Benef	ficially	Owned (a	2.g.,	puts, c	alls, wa	rran	ts, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Trans. Date Execution Date, if any			n (Ins	(Instr. 8)		Code Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			and Expiration Date			rities	d Amount of Underlying : Security id 4)	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amo Shar	ount or Number of res		Transaction(s) (Instr. 4)		

### **Explanation of Responses:**

- (1) The reported sale was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 14, 2023.
- (2) Shares held by the Kathryn A. Foster 2020 Spousal Trust, where the reporting person serves as a trustee and is a beneficiary.
- (3) Shares held by the Ronald C. Foster 2021 Trust, where his spouse serves as trustee and is a beneficiary.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FOSTER RONALD C								
1595 WYNKOOP STREET, SUITE 800	X							
DENVER, CO 80202								

### **Signatures**

\*\*Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.