

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

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

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## 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. I              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |  |           |  |             |  |        |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                     |   |  |  |
|--|---|-------------------|----------------------------------|--------|-------------------|--|--|-----------|--|-------------|--|--------|---|---|-------------------------------------|---|--|--|
| MCGIMPSEY THOMAS O                             |   |                   |                                  |        |                   | ADVANCED ENERGY INDUSTRIES INC [ AEIS ]            |  |           |  |             |  |        |   | Director 10% Owner  |                                     |   |  |  |
| (Last)   | (Last) (First) (Middle)                                   |                   |                                  |        | 3. I              | 3. Date of Earliest Transaction (MM/DD/YYYY)       |  |           |  |             |  |        | J   | _X_ Officer (give title below) Other (specify below)  EVP & Gen Counsel |                                     |   |  |  |
| 1625 SHARP POINT DRIVE                         |   |                   |                                  |        |                   | 2/3/2020   |  |           |  |             |  |        |   |   |                                     |   |  |  |
| (Street)                                       |   |                   |                                  |        |                   | 4. If Amendment, Date Original Filed (MM/DD/YYYY)  |  |           |  |             |  |        | YY)   | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                     |   |  |  |
| FORT COLLINS, CO 80525 (City) (State) (Zip)    |   |                   |                                  |        |                   |  |  |           |  |             |  |        | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                     |   |  |  |
|  |   |                   |                                  |        |                   |  |  |           | •  | <u> </u>    | •  |        |   | eficially Owne  |                                     |   | 1  |  |
| 1.Title of Security (Instr. 3) 2. Trans. De    |   |                   |                                  |        |                   |  | 3. Trans. Co<br>(Instr. 8)   | or Dispos |  | osed of (D) |  | Fol    | Following Reported Transaction(s) (Instr. 3 and 4)                                |   |                                     | Ownership<br>Form:                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|  |   |                   |                                  |        |                   |  |  | Code      | V  | Amour       | (A) or (D)   | Pric   | ee  |   |                                     |   | or Indirect (I) (Instr. 4)   |  |
| Common Stock                                   |   |                   |                                  | 2/3/2  | 020               |  |  | F         |  | 1403        | <u>D</u>   | \$71.0 | 07  | 40  | 6632 (2)                            |   | D  |  |
|  | Tab   | ole II - Dei      | rivativo                         | e Secu | rities ]          | Bene   | eficially  | Owned (   | e.g.,                                      | puts,       | calls, wa  | rran   | ıts, op   | ptions, conver  | tible secu                          | urities)  |  |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Trans.<br>Date | 3A. Dee<br>Execution<br>Date, if | on (I  | Trans. (instr. 8) | Code   | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |           | 6. Date Exercisable and<br>Expiration Date |             | 7. Title and Securities U<br>Derivative S<br>(Instr. 3 and |        | derlying Derivative<br>Security Security  |   | Securities<br>Beneficially<br>Owned | Security:   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  | Security  |                   |                                  | Cod    | Code              | V  | (A)  | (D)       | Date<br>Exer                               | cisable     | Expiration<br>Date   | Title  | Amou  | unt or Number of  |                                     | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)                     |  |

#### **Explanation of Responses:**

- (1) Payment of tax liability by witholding securities incident to vesting of restricted stock units.
- (2) Represents 8,552 shares of unvested restricted stock units and 38,080 shares of common stock.

#### Reporting Owners

| D ( O N / A 11                 | Relationships |           |                   |       |  |  |  |  |
|--------------------------------|---------------|-----------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer           | Other |  |  |  |  |
| MCGIMPSEY THOMAS O             |               |           |                   |       |  |  |  |  |
| 1625 SHARP POINT DRIVE         |               |           | EVP & Gen Counsel |       |  |  |  |  |
| FORT COLLINS, CO 80525         |               |           |                   |       |  |  |  |  |

### **Signatures**

/s/ Thomas O. McGimpsey 2/5/2020

\*\*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.