☐ 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.

OMB APPROVAL

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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 and Ticker or Trading Symbol							Relationshi	5. Relationship of Reporting Person(s) to Issuer			
												(Check all app	olicable)			
Donaghey Jo	hn			\mathbf{A}	DVA	NCE	D ENEI	₹G`	Y INI	USTF	RIES					
Donagney Ju			AEIS					Director		10%	Owner					
								otio	n (MM/E	ND/WWW	`	X Officer (gi	ve title belov	v) Oti	her (specify	below)
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)							~	EVP, Global Sales				
1595 WYNKOOP STREET, SUITE 800					8/2/2023											
	(Stree	et)		4.	If An	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	Y) 6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
DENVED C	O 00202															
DENVER, CO 80202					4								X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	city) (Stat	te) (Zij	p)													
			Table I	- Non-De	rivati	ive Secu	ırities Ac	quir	ed, Dis	posed o	f, or I	Beneficially Owne	ed			
l ,				. Trans. Date			3. Trans. Co	de								7. Nature
(Instr. 3)				Execution Date, if any		(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)				Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Indirect Form: Beneficial	
							((======================================	Ownership					
										(A) or					or Indirect (I) (Instr.	(Instr. 4)
							Code	V	Amount		Price				4)	
Common Stock				8/2/2023			F		420 <u>(1)</u>	D	\$126.0	3		12,542	D	
			•						•	•		•			•	
	Tab	le II - Der	ivative S	Securities	Bene	eficially	Owned (e.g.,	puts, c	alls, wa	rrant	s, options, conver	tible secu	ırities)		
1. Title of Derivate	2.	3. Trans.	3A. Deem	ned 4. Trans	. Code	5. Numb	er of	6. E	Date Exer	cisable	7. Titl	e and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution		8) Derivativ Acquired Disposed (Instr. 3,		ve Securities	and	nd Expiration Date			ties Underlying	Derivative Security		Ownership Form of	of Indirect Beneficial
(Instr. 3)	or Exercise Price of Derivative		Date, if an	ny								tive Security 3 and 4)	(Instr. 5)	Securities Beneficially		Ownership
												- ,		Owned Following	Security:	(Instr. 4)
	Security						1	-	Т		ļ ,				Direct (D) or Indirect	
								Dat	e rcisable	Expiration		Amount or Number of Shares		Reported Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	EXC	icisabie	Date		Silaics		(Instr. 4)	4)	

Explanation of Responses:

(1) Payment of tax liability by withholding securities incident to vesting of restricted stock units.

Remarks:

This Form 4 was inadvertently filed late due to an administrative error.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Donaghey John							
1595 WYNKOOP STREET, SUITE 800			EVP, Global Sales				
DENVER, CO 80202							

Signatures

/s/ Elizabeth K. Vonne - Attorney-in-Fact 1/19/2024 Date **Signature of Reporting Person

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.