FORM 4

intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

☐ 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

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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							5. Relationship of Reporting Person(s) to Issuer					
						NORE		. ~ .		DIIGHT	NEG	(Check all app	olicable)				
COLPITTS B	ERNAR	D RAYN	MOND .	, 1				(G)	Y IN	DUSTF	RIES	Director		100/	Owner		
					INC [AEIS]												
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								_X_ Officer (give title below) Other (specify below) SVP, Chief Accounting Officer				
												SVP, Chiel Ad	ecounting	Gilicer			
1595 WYNKOOP ST, STE 800						3/1/2024											
	(Street	t)		4. I	f Am	endmen	t, Date O	rigin	al Fil	ed (MM/DI	D/YYYY)	6. Individual c	or Joint/G	roup Filing	(Check Appl	icable Line)	
DENIZED CO	00202																
DENVER, CO 80202													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																	
		T	able I - N	on-Der	ivativ	ve Secu	rities Aco	quire	ed, Di	sposed o	f, or Be	neficially Owne	d				
1. Title of Security 2. Trans. Do				2A. D		3. Trans. Code (Instr. 8)		or Disposed of (D) Fo				Amount of Securities Beneficially Owned 6. 7. N Ollowing Reported Transaction(s) Ownership of Ir					
(Instr. 3)					Execu Date, i							Following Reported 1 (Instr. 3 and 4)	Ownership of Indirect Form: Beneficial Direct (D) Ownership				
												,					
										(A) or					or Indirect (I) (Instr.	(Instr. 4)	
							Code	V	Amou	nt (D)	Price				4)		
	Table	e II - Deriv	ative Sec	urities l	Bene	ficially	Owned (e.g.,	puts,	calls, wa	rrants,	options, conver	tible secu	ırities)			
1. Title of Derivate	2.	3. Trans.	3A. Deeme								nd Amount of				11. Nature		
			Code (Instr. 8)												of Indirect Beneficial		
(Price of			(Disposed of (D) (Instr. 3 and							Beneficially		Ownership			
	Derivative Security				(Instr. 3,		, 4 and 5)						Owned Following	Security: Direct (D)	(Instr. 4)		
								Date		Expiration	Title	Amount or Number of		Reported	or Indirect		
				Code	V	(A)	(D)	Exer	cisable	Date	Title	Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)		
Restricted Stock Units	\$0	3/1/2024		A		2,93	38		<u>(1)</u>	(1)	Commo Stock	n 2,938	\$0	2,938	D		
Performance Units	\$0	3/1/2024		A	v	2,93	38		(2)	<u>(2)</u>	Commo Stock	n 2,938	\$0	2,938	D		

Explanation of Responses:

- (1) Employee restricted stock units granted 3/1/2024 under the Company's 2024 Long-Term Incentive Plan ("2024 LTI Plan"), which will vest in 3 equal installments beginning on the first anniversary of the grant date.
- (2) These performance share awards were issued under the 2024 LTI Plan at 100% of target, have a 3-year vesting period, and will vest in all 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.

Reporting Owners

Treporting overes	1								
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
COLPITTS BERNARD RAYMOND JR	2								
1595 WYNKOOP ST			SVP, Chief Accounting Officer						
STE 800		SVF, Chief Accounting							
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.