### 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.

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							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FOSTER RO	NALD (	7		$\mathbf{A}$	DVA	NCE	D ENEF	RG	Y INI	USTF	RIES	5		,			
FOSTER RONALD C					INC [AEIS]							X Director 10% Owner					
(Last) (First) (Middle)			3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below) — Other (specify below)						
1595 WYNKOOP STREET, SUITE 800					10/2/2023												
	(Stree	et)		4.	If An	nendme	nt, Date O	rigiı	nal File	d (MM/DI	D/YYY	Y)	6. Individual o	r Joint/G	oup Filing	(Check Appl	icable Line)
DENVER, CO 80202												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)												Total filed by More than one Reporting Person					
			Table I -	· Non-Dei	ivati	ive Seci	urities Acc	quir	ed, Dis	posed o	f, or l	Bene	eficially Owne	d			
1. Title of Security (Instr. 3)				Trans. Date	Execu		3. Trans. Coo (Instr. 8)	de	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Fo	. Amount of Securit following Reported (Instr. 3 and 4)	ities Beneficially Owned   Transaction(s)		Ownership of Form: Direct (D)	Beneficial Ownership
							Code	V	Amount	(A) or (D)	Price	•				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock			1	10/2/2023			<b>S</b> (1)		1,000	D	\$103.2	26			2,618	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 So	ecurities	Bene	eficially	Owned (	e.g.,	puts, c	alls, wa	rrant	ts, oj	ptions, conver	tible secu	rities)		
1. Title of Derivate Security (Instr. 3)	ecurity Conversion Date Execution			(Instr. 8)	nstr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			ities (	Underlying Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Dat Exe	ercisable	Expiration Date	Title	Amo Share	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.