### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### (Print or Type Responses)

1. Name and Address Person <u>*</u> Donikowski Ti	1 0	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ADVANCED ENERGY INDUSTRIES INC [AEIS]				
(Last) (Firs	st) (Middle)	05/03/2018	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
1625 SHARP PO (Stre	et)		(Check all applicable) <u>X</u> Director 10% Owne Officer Other (give title below) (specify below)		Dwner w)	6. Individual or Joint/Group	
(City) (Stat	e) (Zip)	Table I - N	lon-Derivati	ve Securitie	es Bei	neficially Owned	
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	*	
Common Stock		0		D	Â		
owned directly or indi	rectly. Persons who resp	ch class of securities benefici bond to the collection of ined in this form are not	51	EC 1473 (7-02)	)		
	currently valid OM	nd unless the form displa IB control number. ities Beneficially Owned ( <i>e</i> .					

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Donikowski Tina 1625 SHARP POINT DRIVE FORT COLLINS, CO 80525	ÂX	Â	Â	Â		
Signatures						
/s/ Thomas O. McGimpsey - Attorney-in-Fact			05/04/2018			
<u>**</u> Signature of Reporting Person			Date			

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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### **Remarks:**

Power of Attorney Attached No securities beneficially owned

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.