Edgar Filing: AXCELIS TECHNOLOGIES INC - Form 4

| AXCELIS TECH Form 4 July 17, 2014 | INOLOGIES | S INC | • | | | | | | | |
|---|---|---|--|---------------------------------------|---|---|---|--|--------------------------|--|
| FORM 4 | | ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | PPROVAL 3235-0287 January 31, | | | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN 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 | | | | | | | | | urs per | |
| (Print or Type Respondent) 1. Name and Addres HARDIS STEPH | 2. Issuer Name and Ticker or Trading Symbol AXCELIS TECHNOLOGIES INC [ACLS] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) C/O AXCELIS T INC., 108 CHER | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2014 | | | | Officer (give title10% Owner Other (specify below)below) | | | | | |
| (Street) BEVERLY, MA 01915 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (| (State) | (Zip) | Tab | ole I - Non- | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| | ansaction Date hth/Day/Year) | | ed Date, if | 3. Transacti Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, Amount | ties (A) or of (D) 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Reminder: Report on | n a senarate line | for each cl | ass of sec | urities ben | eficially ow | ned directly | or indirectly | | | |
| Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number. | | | | | | | | | | |
| | Tab | | | | | sposed of, or convertible | r Beneficially Owned securities) | đ | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities |

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| Security (Instr. 3) | | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (or Dispose (D) (Instr. 3, 4, and 5) | d of | (Month/Day/Y | ear) | (Instr. 3 and 4) | | | |
|--|--------|-------------|-------------------------|--------------------|--|------|---------------------|--------------------|------------------|-------------------------------------|--|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Stock option (right to buy) | \$ 1.8 | 07/15/2014 | | A <u>(1)</u> | 40,000 | | 01/11/2015 | 07/15/2021 | Common Stock | 40,000 | | |
| Reporting Owners | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | Relationships | | | | | | | | |
| r9 | | Director 10 | 0% Owner | Officer O | Other | | | | | | | |
| HARDIS STEPHEN R C/O AXCELIS TECHNOLOGIES, INC. 108 CHERRY HILL DRIVE BEVERLY, MA 01915 | | C. X | | | | | | | | | | |

Signatures

Lynnette C. Fallon, as attorney in fact for Stephen R. 07/16/2014 Hardis

**Signature of Reporting Person

Explanation of Responses:

* 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).

(1) Granted pursuant to the Axcelis Technologies, Inc. 2012 Equity Incentive Plan.

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.

Date