FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | () | | | | F | | | | | | | | | |
|--|---|--|--|-----------------------|--|---|---------|--------|--------------------------------------|-----|---|-------|-------------------------------|---|---|---|---|---|------------------|--|
| Name and Address of Reporting Person* Desk are I | | | | | | 2. Issuer Name and Ticker or Trading Symbol AXCELIS TECHNOLOGIES INC [ACLS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>Lundberg Barbara J</u> | | | | | | | | | | | | | | ' | X | Direc | ctor | 10% | Owner | |
| (Last) (First) (Middle) C/O AXCELIS TECHNOLOGIES, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2014 | | | | | | | | | | Office | er (give title w) | Othe belov | r (specify v) | |
| 108 CHERRY HILL DRIVE | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| | | | | | inchanged of original rinea (month pay real) | | | | | | | | | Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | n filed by One | e Reporting Pe | son | |
| BEVERI | .Y M. | A (|)1915 | | | | | | | | | | | | Form Pers | | re than One Re | porting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | - | | |
| Date | | | | e onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se Be Ov | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (instr. 4) | |
| Common Stock 11/17 | | | | | 11/17/2014 | | | | | | 45,000 | | A | \$0 | (1) | 45 | 5,000(2) | D | | |
| | | Та | able II - C | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative (| 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | |

Explanation of Responses:

- 1. These shares are issuable on vesting of restricted stock units granted under the Company's 2012 Equity Incentive Plan. Assuming continuation of service as a director, 25% of these restricted stock units will vest on each of November 15, 2015, November 15, 2016, November 15, 2017 and November 15, 2018.
- 2. Of the shares held as of November 17, 2014, 45,000 were issuable on vesting of restricted stock units granted under the 2012 Equity Incentive Plan and are subject to forfeiture.

Lynnette C. Fallon, as attorney in fact for Barbara J. Lundberg

11/17/2014

** 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 Number.