FORM 4

## **UNITED STATES SECUI**

Washington, D.C. 20549

KI I	IIE2	AND EXCHAN	NGE COMMISSION

Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

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

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response	e: 0.5						

Check this box to indicate that a
transaction was made pursuant to
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>Evans Eileen</u>					2. Issuer Name and Ticker or Trading Symbol AXCELIS TECHNOLOGIES INC  [ ACLS							(Chec	k all app Direc	icable) or		erson(s) to Issuer 10% Owner			
(Last) (First) (Middle) 108 CHERRY HILL DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024							Officer (give title Other (specify below)  EVP, General Counsel and Sec'y							
(Street) BEVERLY MA 01915						4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(St		Zip)	n-Deriva	tive S	Secu	rities	Δca	uired	Dis	nosed of	or F	Sene	ficially	, Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				tion 2A. Deemed Execution Date,			uired, Disposed of, or Benef  3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3 5)			A) or	5. Amo Securit Benefic	ount of ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	Amount (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			12/16/2	2024			A				<b>\$0</b> <sup>(1)</sup>	50 <sup>(1)</sup> 11,440 <sup>(2)</sup>		D				
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		ise (Month/Day/Year) if any (Mont		emed 4. Transac Code (li Day/Year) 8)			of Deriv	r osed ) r. 3, 4	Expirati	Date Exercisable and piration Date onth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	per					

## **Explanation of Responses:**

- 1. These shares are issuable on vesting of restricted stock units granted under the Company's 2012 Equity Incentive Plan on December 16, 2024. Assuming continuation of employment, these restricted stock units will vest as to 25% of the shares granted on each of December 16, 2025, 2026, 2027 and 2028.
- 2. All of the shares held following this grant on December 16, 2024 were issuable on vesting of restricted stock units granted to the executive under the 2012 Equity Incentive Plan and are subject to forfeiture

/s/ Lynnette C. Fallon, 12/16/2024 Attorney-in-Fact

\*\* Signature of Reporting Person

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.