FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|---------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average I | ourden | | | | | |
| 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).

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

| (Print or Type | e Responses) | | | | | | | | | | | | | | |
|--|---|--|---|---|--------|--------------------------------|---|------------------------------|--|--|--|--|-------------------------|----------------|------------|
| 1. Name and Address of Reporting Person * KING ROBERT F | | | | 2. Issuer Name and Ticker or Trading Symbol AMTECH SYSTEMS INC [ASYS] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director | | | | |
| (Last) (First) (Middle) C/O AMTECH SYSTEMS INC, 131 SOUTH CLARK DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019 | | | | | | | Officer (give t | itle below) | Other | (specify below |) |
| (Street) TEMPE, AZ 85281 | | | 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) | Table I - Non-Derivative Securities Acqu | | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | d 3. Tr Date, if Codd (Inst | | e (tr. 8) (| . Securities Acq A) or Disposed of Instr. 3, 4 and 5) (A) or (D) | of (D) Ow Tra | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | |]] (| Ownership Form: | Beneficial Ownership | | |
| Reminder: Ro | eport on a se | parate line for each o | | - Derivat | tive S | Securitio | es Ac | Person in this a curre | s who respon form are not re ntly valid OMI osed of, or Bene nvertible secur | equired to 3 control : ficially Ow | respond u number. | | | | 474 (9-02) |
| 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) | if Transaction of Derivative | | 6. Date Exercisable and 7. Tit | | | nd Amount of ng Securities nd 4) | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Amtech Systems, Inc. Non- Employee Director Stock Option | \$ 4.77 | 03/06/2019 | | A | | 6,000 | | 09/06/2019 | 03/06/2029 | Amtech Systems Inc. \$.0 par value common stock | 6,000.00 | (1) | 6,000 | D | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| KING ROBERT F C/O AMTECH SYSTEMS INC 131 SOUTH CLARK DRIVE TEMPE, AZ 85281 | X | | | | | | |

Signatures

| Robert T. Hass on behalf of Bob King by Power of Attorney | 03/08/2019 |
|---|------------|
| **Signature of Reporting Person | Date |

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) Price omitted because the transaction is a grant of a stock option.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.