FORM 5

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

| OMB APPR | OVAL |
|--------------------|-----------|
| OMB Number: | 3235-0362 |
| Estimated average | burden |
| hours per response | e 10 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions Reported

ANNUAL 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

| 1. Name and Address of Reporting Person *- WOLIN HARRY A | | | 2. Issuer Name and ADVANCED M | | 0 , | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|-----------------|--|--|--------------------|--|---|--|--|---|-------------------------|--|--|
| (Last) 2485 AUGUSTIN | (First) E DRIVE | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/25/2021 | | | | | X_Officer (give title below)Other (specify below) SVP, GC & Corporate Secretary | | | | |
| (Street) SANTA CLARA, CA 95054 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (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 Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | Code (Instr. 8) | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | Beneficial Ownership | | |
| Common Stock | | 02/02/2021 | | G | 2,970 | D | \$ 0 | 1,294,559 | D | | | |
| Common Stock | | 05/18/2021 | | G | 50 | D | \$ 0 | 1,294,509 | D | | | |
| Common Stock 11/30/2021 G 1,440 | | D | \$ 0 | 1,293,069 | D | | | | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this $$\rm SEC\ 2270\ (9\text{-}02)$$ form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Security (Instr. 3) | Conversion or Exercise Price of Derivative | Date (Month/Day/Year) | Execution Date, if | Code | of Deriv Secur | er ative ities | 6. Date Exer and Expiration (Month/Day) | on Date 'Year) | Amor Unde Secur | unt of rlying | (Instr. 5) | of Derivative Securities Beneficially | Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------|---|--------------------------|--------------------|------|-----------------------------|----------------------|---|--------------------|-----------------------|--|------------|--|----------------------------------|--|--|
| | Security | | | | Acqui (A) or Dispo | | | | 4) | | | End of | Direct (D) or Indirect (I) | | |
| | | | | | of (D) (Instr. 4, and | 3, | | | | | | | (Instr. 4) | | |
| | | | | | (A) | , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|--|
| | | 10% Owner | Officer | Other | | | | |
| WOLIN HARRY A 2485 AUGUSTINE DRIVE SANTA CLARA, CA 95054 | | | SVP, GC & Corporate Secretary | | | | | |

Signatures

/s/ Harry A. Wolin

O2/02/2022

**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.