AEHR TEST SYSTEMS Form SC 13G/A February 15, 2006

> UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

> > SCHEDULE 13G

UNDER THE SECURITIES EXCHANGE ACT OF 1934

(AMENDMENT NO. ____10___)*

AEHR TEST SYSTEMS

(Name of Issuer)

Common Stock

(Title of Class of Securities)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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Cusip No. 00760J108

13G

1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

State of Wisconsin Investment Board 39-6006423

2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP $\ \ \star$

Not Applicable

(a)____ (b)____

3. SEC USE ONLY

4. CITZENSHIP OR PLACE OF ORGANIZATION Madison, Wisconsin

NUMBERS OF SHARES BENEFICIALLY	5. SOLE VOTING POWER 1,184,400
OWNED BY	6. SHARED VOTING POWER
EACH REPORTING	Not Applicable
PERSON WITH	7. SOLE DISPOSITIVE POWER 1,184,400
	8. SHARED DISPOSITIVE POWER Not Applicable
9. AGGREGATE AN	MOUNT BENEFICALLY OWNED BY EACH REPORTING PERSON 1,184,400
10. CHECK BOX 3 SHARES *	IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN Not Applicable
11. PERCENT OF	CLASS REPRESENTED BY AMOUNT IN ROW 9 15.83
	PORTING PERSON * Public Pension Fund)
	* SEE INSTRUCTIONS BEFORE FILLING OUT!
3	
ITEM 1. ISSUER	
	EHR TEST SYSTEMS
	00 Kato Terrace
F	remont, CA 94539 USA
ITEM 2. PERSON	FILING
(-)	ate of Wisconsin Investment Board
	D. Box 7842
	dison, WI 53707 sconsin State Agency
	e cover page
	e cover page
STATE (IATEMENT IS FILED PURSUANT TO 13d-1(b) or 13d-2(b) AND THE OF WISCONSIN INVESTMENT BOARD IS A GOVERNMENT AGENCY WHICH S PUBLIC PENSION FUNDS SUBJECT TO PROVISIONS COMPARABLE TO
ITEM 4. OWNERS	HIP
	e Row 9 on Page 2
	e Row 11 on Page 2

- (c) The State of Wisconsin Investment Board retains sole voting and dispositive power for all shares.
- ITEM 5. IF THIS STATEMENT IS BEING FILED TO REPORT THE FACT THAT AS OF THE DATE HEREOF THE REPORTING PERSON HAS CEASED TO BE THE BENEFICIAL OWNER OF MORE THAN FIVE PERCENT OF THE CLASS OF SECURITIES, CHECK THE FOLLOWING _____.

- ITEM 6. NOT APPLICABLE
- ITEM 7. NOT APPLICABLE
- ITEM 8. NOT APPLICABLE
- ITEM 9. NOT APPLICABLE

ITEM 10. CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

SIGNATURE

After reasonable inquiry to the best of my knowledge and belief, ${\rm I}$ certify that the information set forth in this statement is true, complete and correct.

Signature

Jean Ledford, Chief Investment Officer - Public Equities

: 0; border-left-width: 1; border-right-width: 1; border-bottom-width: 1">1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3. Transaction Code (Instr. 8)4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)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 Beneficial Ownership

(Instr. 4)CodeVAmount(A) or (D)Price Common Shares06/25/2018 JV 7.2982 A \$ 68.51 16,662.7036 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 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)			(Inst
	Derivative				or Disposed of			
	Security				(D)			
					(Instr. 3, 4,			

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					and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phanton Stock	n <u>(1)</u>	06/26/2018	А		29.639		(2)	(2)	Common Shares	29.639	\$ 8
Repo	orting Ov	vners									
	Reporting Owner Name / Address		Relationships								
			Director	Director 10% Owner Officer					Other		
STUMP DENISE C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD MARYSVILLE, OH 43041		EVP, Global Human Resources									
Sign	atures										
Kathy L. Uttley as attorney-in-fact for Denise S. Stump			06/2	28/2018							
	<u>**</u> Signature of	of Reporting Person			Date						
Expla	anation of	of Responses:									
-		nore than one reporting person, see	Instruction 4	4(b)('	v).						
** Inter	ntional misstateme	ats or omissions of facts constitute	Federal Crin	ninal	Violations	See	18 U S C 100	1 and 15 U.S	C 78 ff(a)		

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Each share of phantom stock represents the right to receive one common share of Issuer or the cash value thereof.
- (2) Shares of phantom stock are payable in cash following termination of the reporting person's employment with Issuer. The reporting person may transfer his/her phantom stock account into an alternative investment account at any time.

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.