MKS INSTRUMENTS INC

Form 4 April 10, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Expires:

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ANDERSON ROBERT R			2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI]				_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)		Earliest Tr	ansaction			`	••	ŕ
2 TECH DRIVE			(Month/Day/Year) 04/09/2015					_X_ Director Officer (give below)		Owner er (specify
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	oint/Group Filin	g(Check
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
ANDOVER, MA 01810										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
(City) 1.Title of	2. Transaction Da	ite 2A. Dee		3.	4. Securi	ties A	equired	5. Amount of	6. Ownership	7. Nature of
1.Title of Security	` '	ate 2A. Dee		3. Transactio	4. Securi	ties A	equired d of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of	2. Transaction Da	tte 2A. Dee r) Execution	emed on Date, if	3. Transaction	4. Securi	ties A	equired d of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
1.Title of Security	2. Transaction Da	tte 2A. Dee r) Execution	emed	3. Transactio	4. Securi	ties A	equired d of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of Security	2. Transaction Da	tte 2A. Dee r) Execution	emed on Date, if	3. Transaction	4. Securi	ties A	equired d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
1.Title of Security	2. Transaction Da	tte 2A. Dee r) Execution	emed on Date, if	3. Transaction	4. Securi	ties Ad spose 4 and	equired d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership

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

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

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Montal Day, Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Underlying Securities (Instr. 3 and 4	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
ANDERSON ROBERT R 2 TECH DRIVE ANDOVER, MA 01810	X					

Signatures

/s/Renee M.
Donlan POA

**Signature of Reporting 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) This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

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.

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