Edgar Filing: MKS INSTRUMENTS INC - Form 4

MKS INSTR	UMENTS INC											
Form 4												
December 05	, 2016											
FORM	Δ									OMB A	PPROVAL	
	UNITED	STATES				ND EX(D.C. 20		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box										Expires:	January 31,	
if no longe subject to	STATEN	MENT O	F CHAN	GES II	N B	BENEFI	CIA	LOW	NERSHIP OF	2005 average		
Section 16	5.	SECURITIES								burden hours per		
Form 4 or									response	0.5		
Form 5 obligation	~ ^							•	ge Act of 1934,			
may conti				•		•	- ·		f 1935 or Section	n		
See Instru	ction	30(h)	of the In	vestme	nt C	Compan	y Act	t of 194	40			
1(b).												
(Print or Type R	esponses)											
× 91	1 /											
1. Name and Ad	ddress of Reporting	Person <u>*</u>	2. Issuer	Name a	nd 🛛	Ficker or '	Tradin	g	5. Relationship of	Reporting Per	son(s) to	
Quirk Brian Charles Symbol									Issuer			
				INSTRUMENTS INC [MKSI]						1 11 12 14	`	
(Last)	(First) ((Middle)	3. Date of Earliest Transaction				(Chec	(Check all applicable)				
× /		· · ·		onth/Day/Year) 01/2016					Director 10% Owner X Officer (give title Other (specify halow)			
2 TECH DR	IVE, SUITE 20	1										
									below) Sr. VP,	below) Global Operati	ons	
	(Street)		4 If Ame	ndmant	Date	o Original				-		
			Amendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
				(ontri Day) i Cal)					_X_ Form filed by One Reporting Person			
ANDOVER,	MA 01810								Form filed by M Person	fore than One Re	eporting	
		(7:										
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative S	Securi	ties Acc	quired, Disposed of	, or Beneficial	lly Owned	
1.Title of	2. Transaction Da			3.				-	5. Amount of	6. Ownership		
Security	(Month/Day/Year		on Date, if		ctio	n(A) or Di	spose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		-	any (Month/Day/Year)		Code (D) (Instr. 8) (Instr. 3, 4 and 5)					Indirect (I)	Ownership	
			, ,	. ,		× /			Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
							or		(Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price	(
Common Stock	12/01/2016			S <u>(1)</u>		1,000	D	\$ 57.4	10,209.518	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Quirk Brian Charles 2 TECH DRIVE, SUITE 201 ANDOVER, MA 01810			Sr. VP, Global Operations					
Signatures								
/s/ M. Kathryn Rickards, attorney-in-fact		12/05/	12/05/2016					
**Signature of Reporting Person		Date	2					

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.