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	UMENTS INC											
Form 4 August 16, 20	006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL OMB 3235-02 Number:				
Check this box January												
 (Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> BERTUCCI CLAIRE R 			2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI]					2	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 90 INDUSTRIAL WAY			3. Date of Earliest Transaction (Month/Day/Year) 08/16/2006					DirectorX 10% Owner Officer (give title Other (specify below) below)				
				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			
(City)	(State)	(Zip)	75 1		D	• •• •	•		Person			
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/E			Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				uired (A)))		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	1.	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common	08/16/2006			S	1	00,000	D	\$ 20.68	3,846,784	D		
Common									3,811,580	I	By Spouse	

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. Transactio 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 Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships						
Director	10% Owner	Officer	Other			
	Х					
08/17/2006						
Date						
	08/17/2	Director 10% Owner X 08/17/2006	Director 10% Owner Officer X 08/17/2006			

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 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.