Edgar Filing: KAHL HANS JOCHEN - Form 4

KAHL HANS	S JOCHEN										
Form 4											
May 06, 2009)										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box							Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	2005 average		
	Section 16. SECURITIES							burden hours per			
Form 4 or Form 5				~	-			response 0.5			
obligation	^	uant to Section 16									
may contin) of the Public Ut	•	•	- •			n			
See Instruct 1(b).	ction	30(h) of the Inv	vestment	company	y Aci	01 19	40				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Rep							Reporting Pers	son(s) to			
KAHL HANS JOCHEN Symbol							Issuer				
MKS INSTRUMENTS INC [MKSI]						(Chec	neck all applicable)				
(Last) (First) (Middle) 3. Date of Earliest Transaction											
(Month/			-				X_ Director 10% Owner Officer (give title Other (specify				
2 TECH DRI	IVE	05/04/20)09				below)	below)	er (speeny		
			ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
			th/Day/Year)				Applicable Line)				
							X Form filed by C Form filed by N	One Reporting Pe fore than One Re			
ANDOVER,	MA 01810						Person		porting		
(City)	(State) (Z	Zip) Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of	2. Transaction Date		3. 4. Securities					. Ownership			
Security	(Month/Day/Year)	Execution Date, if		onAcquired (A) or Disposed of (D)			Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)								
				(- /	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)				
					or		(Instr. 3 and 4)				
Common			Code V	Amount	(D)	Price	, , , , , , , , , , , , , , , , , , , ,				
Common Stock	05/04/2009		А	4,000	А	<u>(1)</u>	8,000	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8		of Deri Secu Acqu (A) o	vative urities uired or oosed O) r. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Prio Deriv Secur (Instr.
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (Right to Buy)	\$ 38.63							11/18/2000	11/18/2009	Common Stock	8,819	
Director Stock Option (Right to Buy)	\$ 38.3							05/16/2003	05/16/2012	Common Stock	6,000	

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
KAHL HANS JOCHEN 2 TECH DRIVE ANDOVER, MA 01810	X			
Signatures				
/s/Renee M. Donlan POA	05/05/200)9		

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** 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 RSU grant fully vests on the day prior to the first annual meeting of shareholders following the date of grant (or if no such meeting is held within 13 months after the date of grant, on the 13 month anniversary of the date of grant).

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.

**Signature of Reporting