Edgar Filing: BERTUCCI JOHN R - Form 4

BERTUCCI	JOHN R									
Form 4										
June 09, 2010	0									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
	UNITED	STATES		ITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check thi	is box		v v as	inington,	D.C. 20	547				January 31,
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWN				ERSHIP OF	Expires:	2005
subject to Section 16.				SECURITIES					Estimated average burden hours per	
Form 4 or									response 0.5	
Form 5	Filed put	suant to S	ection 10	5(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0
obligatior may conti		(a) of the P	ublic Ut	ility Hold	ling Con	npany	y Act of	1935 or Section	n	
See Instru		30(h) o	of the In	vestment	Compan	y Ac	t of 194	40		
1(b).										
(Print or Type R	Responses)									
DEDTUGGI IOINI D			2. Issuer Symbol	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer		
-				ISTRUMENTS INC [MKSI]						
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction			(Check	k all applicable)
(Month/I			(Month/D					_X_ Director 10% Owner		
			06/07/2010					Officer (give titleOther (specify below)		
(Street) 4. If		4. If Ame	f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mon			th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
ANDOVER	, MA 01810								Iore than One Re	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Date						5. Amount of	6. Ownership		
Security	(Month/Day/Year)		Date, if	Transaction(A) or Disposed of (D) $C_{A} = \frac{1}{2} $				Securities	Form: Direct	
(Instr. 3) any (Month/Day/Year)			av/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership
		((Following	(Instr. 4)	(Instr. 4)
						(A)		Reported		
						or		Transaction(s) (Instr. 3 and 4)		
				Code V	Amount	(D)	Price	(insure und f)		
Common	000000000			$\mathbf{C}(1)$	5.005	D	\$	1 407 700	т	D
Stock	06/07/2010			S <u>(1)</u>	5,905	D	19.03	1,427,788	Ι	By Spouse
							(2)			

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

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Reporting Owners

Person

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BERTUCCI JOHN R							
2 TECH DRIVE	Х						
ANDOVER, MA 01810							
Signatures							
/s/Renee M. Donlan POA	06/09/20	10					
<u>**</u> 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.

This transaction was executed in multiple trades at prices ranging from \$19.00 to \$19.15. The price reported above reflects the weighted(2) average sale price. The reporting person hereby undertakes to provide, upon request, the full information regarding the number of shares and prices at which the transaction was effected.

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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