FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or Section 30(h) of the Investment Company Act of 1940

| | OMB APPRO | ΟV |
|--|-----------------------|-----|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3 |
| OTALEMENT OF OTTALIBLE TOTAL OTTALIA | Estimated average hur | don |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* BAGSHAW SETH H | | | | | | 2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|---------------|-----------------|--|--|--|------------------|---|--------|------------------------|-------------------------|---|---|---|--|-------------------------------------|------------|--|
| (Last) (First) (Middle) C/O MKS 2 TECH DRIVE, SUITE 201 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2014 | | | | | | | | | Offic | er (give title w) | , CFO, T | Other (specify below) FO, Treasurer | | |
| (Street) ANDOV | | |)1810 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 5. Indiv Line) X | , | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | i 5) | Secur Benef Owne | ficially d Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | | action(s) | ction(s) | | (Instr. 4) | |
| Common Stock 10/29 | | | 10/29/2 | 014 | | | | S ⁽¹⁾ | | 4,000 | D | \$36.0 | 004 ⁽²⁾ 17 | | ,300.94 | D | | | |
| | 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) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) Execution Date, | | ion Date, | | ransaction ode (Instr.) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Exercisable | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.
- 2. This transaction was executed in multiple trades at prices ranging from \$36.00 to \$36.01. The price reported above reflects the weighted 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.

/s/Renee M. Donlan POA 10/30/2014

** Signature of Reporting Person Date

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

- * 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.

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 Number.