FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtori,	D.C.	20343

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

U obligati	ions may contin tion 1(b).			d pursuant to Section 16(a) of the Securities Exchange Act of 1934											hours	hours per response:		
					1					mpany Act	of 1	.940						
Name and Address of Reporting Person*     Lee John Tseng-Chung					2. Issuer Name and Ticker or Trading Symbol  MKS INSTRUMENTS INC [ MKSI ]							Check a	onship of II applica Director		g Person(s) to I			
(Last) (First) (Middle) 2 TECH DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/29/2015									below) `	give title VP, Bus	title Other (specify below)  P, Business Units	
(Street) ANDOVER MA 01810						4. If Amendment, Date of Original 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)	(St	ate) (	Zip)												Person	rson		
		Tabl	e I - No	n-Deriv	ative S	Securiti	ies Ac	quired	, Dis	posed o	of, c	or Ben	eficia	ally O	wned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,					ies Acquired (A) o Of (D) (Instr. 3, 4 a			and 5) Securiti Benefici Owned		ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									v	Amount		(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 05/29					/2015		A <sup>(1)</sup>		345.686	345.686 A S		\$30.	0.736 3		686	D		
		Та								osed of, onvertib				y Owi	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Execution if any (Month/D		4. Transact Code (In: 8)	ion of str. Deri	posed D) str. 3, 4	6. Date Expirati (Month/	on Dat				ı	8. Price Deriva Securi (Instr.	tive de ty Se 5) Be Ov Fo Re	Number of rivative curities neficially wined llowing ported unsaction(str. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date Exercisable

Expiration

## **Explanation of Responses:**

1. This purchase is pursuant to an employee benefit plan which satisfies the coverage and participation requirements of section 423 of the Internal Revenue Code.

Code

06/02/2015 /s/Renee M. Donlan POA

Amount or Number

of Shares

Title

\*\* 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.

(D)

(A)