FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | nd Address of LLA GER | | 2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI] | | | | | | | | | all application | | | 10% Owner | | | | |
|--|---|--|---|-------|--------|--|---|---|------------------|-----------------------------|------------------------|---|-----------------------------------|---|--|---|-----------------|--|--|
| (Last) 2 TECH | , | (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2010 | | | | | | | | er (give title w) P, Chief Operatii | | Other (s below) ng Officer | ресіту |
| Street) ANDOVER MA 01810 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ole I - No | n-Der | ivativ | e Se | curi | ties Ac | quired | , Dis | sposed o | f, or Ber | nefici | ally (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | ar) E | A. Deemed xecution Date, any Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | and 5) Securitie Benefici Owned F | | es Fo ally (D) Following (I) | | : Direct I r Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transacti (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common | Stock | 6/2010 | 2010 | | | М | | 30,000 | A | \$17 | 17.25 33, | | ,353 | | D | | | | |
| Common | Stock | | 04/26/2010 s 30,000 D \$24.41 ⁽¹⁾ 3,353 D | | | | | | | | | | | | | | | | |
| | | | Table II | | | | | | | | oosed of, convertib | | | | wned | | | · | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of I | | xercis in Dat lay/Ye | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e Coss Fully Do | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (Right to Buy) | \$17.25 | 04/26/2010 | | | М | | | 30,000 | 03/21/20 |)2 ⁽²⁾ | 03/21/2011 | Common Stock | 30,00 | 00 | \$0 | 0 | | D | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$24.25 to 24.84. 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.

 $2.\ 25\%$ after first year, 6.25% each quarter thereafter - total 4 years.

/s/Renee M. Donlan POA 04/28/2010

** 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.