FORM 4

obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* Eyerman Paul						MKS INSTRUMENTS INC [MKSI]								(Chec	k all app Dired	olicable)		6 Owner er (specify	
(Last) C/O 2 TE	ast) (First) (Middle) /O 2 TECH DRIVE, SUITE 201					3. Date of Earliest Transaction (Month/Day/Year) 11/29/2013								X	belov	VP & GM, ENI and Medi		ow)	
(Street) ANDOVER MA 01810 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Forn	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or E	Benef	icially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Da		Date,	Code (In:				s Acquired (A) or of (D) (Instr. 3, 4 a		Securi Benefi Owne	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/29/20					2013	013		P ⁽¹⁾		273.872	2 A	\$	23.962	17,	375.147	D			
		Та									osed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	on Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	rice of ivative urity tr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

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.

/s/Renee M. Donlan POA

12/04/2013

** 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.