FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

washington, D.C. 20049	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

- 1								
	OMB Number:	3235-0287						
	Estimated average burden							
1	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

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Name and Address of Reporting Person*  AMELICANIED DONAL D					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MKS INSTRUMENTS INC [ MKSI ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>WEIGNER RONALD</u>			1	110	111011	1011			<u></u>	Livireo	, <u>.</u> ]		1	Directo	r		10% Ov	/ner			
,					3 [	Date o	of Farliest	Trans	saction	(Month	ı/Dav	//Year)			_ >	Officer below)	(give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007								V.P. 8	& Chief F	inanc	ial Office	, I			
90 INDUSTRIAL WAY															****	a Giller I		Jul Ollice			
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WILMINGTON MA 01887														X Form filed by One Reporting Person							
, and the state of														Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)													Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transactio															5. Amou			nership	7. Nature		
Date (Month)			Day/Ye	ear)   i	Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		d Of (D) (Instr. 3, 4		3, 4 and	Securitie Beneficia Owned F	cially (D		orm: Direct ) or Indirect (Instr. 4)	of Indirect Beneficial Ownership					
				`			, <u> </u>	9-4- 14			(A) or		Duit-	Reported Transact	d [ ]	., .	`	(Instr. 4)			
					Code V Amount (D)							Price	(Instr. 3	and 4)							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., p	uts,	call	s, warr	ants	, opti	ons,	cor	nvertit	ole sec	urit	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			le and	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
														Ai	mount						
									Date		Expi	iration		Ni of	umber						
				- (	Code	V	(A)	(D)	Exerci	sable	Date		Title		hares						
Restricted Stock Unit	(1)	03/01/2007			A		10,000		(2	2)		(2)	Commo	1 1	0,000	\$0	10,000		D		

## **Explanation of Responses:**

- 1. Each restricted stock unit represents the right to receive one share of common stock of MKS Instruments, Inc.
- 2. One half of RSUs shall vest in equal annual installments over three years, and the other half shall be subject to the achievement of performance criteria, and thereafter shall vest in equal annual installments over three years.

By: Joseph M.Tocci / POA 03/01/2007

\*\* 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.