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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| stimated average burden | |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Addres | 1 0 | n* | 2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--------------------|--------------|----------|---|--|------------------------------------|---------------|-----------------------|--|--|--|--|--|--|
| BERTUCCI J | <u>UHN R</u> | | [| X | Director | Х | 10% Owner | | | | | | |
| (Last) (First) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | | Other (specify below) | | | | | | |
| 90 INDUSTRIA | L WAY | | 03/02/2006 | Executive Chairman | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | iling (0 | Check Applicable | | | | | | | | |
| WILMINGTON | MA | 01887 | | X | Form filed by One Reporting Person | | | | | | | | |
| | | | | | Form filed by More | one Reporting | | | | | | | |
| (City) | (State) | (Zip) | | | Person | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|--|---------------------------|---------|---|---|---|
| | | | Code | v | Amount | mount (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common | 03/02/2006 | | S ⁽¹⁾ | | 100,000 | D | \$22.56 | 4,311,580 | D | |
| Common | | | | | | | | 1,413 | Ι | By Limited Partnership |
| Common | | | | | | | | 4,446,784 | I | By Spouse |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Date Amount of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------------|--|--------------------|----------------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

By: Joseph M.Tocci / POA

** Signature of Reporting Person

03/06/2006 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.