FORM 4

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

Washington, D.C. 20549

OMB APPROVAL						
OMP Numbor:	3235-028					

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

**STATEMENT** 

MENT OF CHANGES IN BENEFICIAL OWNERSHIP	Estimated average burden	3235-0287 1
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	hours per response:	0.5
or couldn't co(ii) or the invocation company rates 2010		

1. Name and Address of Reporting Person* BERLINGHIERI LEO														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DEKLI	NGHIEK	I LEU			MINISTRUMENTO [ WINOT ]						X	Director			10% Ow	ner			
-				_										X	Officer (g below)	ive title		Other (s	pecify
(Last)	,	=irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								President and CEO						
2 TECH	DRIVE				02/23/2012										resident	i una c	LO		
(Street)					Λ If Δn	andmont D	Nato o	of Ori	iginal Filo	od (N	Ionth/Day	//Voor)		6 India	idual or Join	nt/Croup F	ilina (C	hook Applie	eable Line)
ANDOV	ER N	ЛA	01810		4. If Amendment, Date of Original Filed (Month/Day/Year)							X	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(C:t-)		24.4.	(7:n)											Form filed	d by More	than O	ne Reportir	g Person	
(City)	(3	State)	(Zip)																
			Table I - Non-l	Deriva	ative	Securitie	s A	cqu	ired, D	isp	osed o	of, or Be	nefic	cially O	wned				
Date			. Transa ate Month/D		Execution ) if any	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Secur Dispose	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a		or l and 5)	5. Amount Securities Beneficially Following	·	Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership	
									Code	<b>/</b>	Amount	t (A) or (D)		Price	Reported Transaction (Instr. 3 and				(Instr. 4)
			Table II - D	erivat	ive S	ecurities	Acc	uir	ed, Dis	spo	sed of	, or Ben	efici	ally Ow	ned/	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	
			(е	.g., pı	uts, c	alls, warr	ant	s, o	ptions	, cc	onverti	ble secu	ıritie	s)					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date ity or Exercise (Month/Day/Y		Execution Date,		Transaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		Securities Unde		Under Secur	lying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Dat Exe	te ercisable		piration te	Title	Amou Numi Share			(Instr. 4)			
Restricted Stock Unit	(1)	02/23/2012		A		25,429.116			(2)		(2)	Common Stock	25,4	29.116	(1)	78,169	9.46	D	
Restricted Stock Unit	(1)	02/23/2012		A		38,143.675			(3)		(3)	Common Stock	38,1	43.675	(1)	114,478	3.692	D	

## **Explanation of Responses:**

- $1. \ Each \ restricted \ stock \ unit \ represents \ the \ contingent \ right \ to \ receive \ one \ share \ of \ common \ stock \ of \ MKS \ Instruments, \ Inc.$
- 2. The RSUs vest in equal annual installments over three years.
- 3. These RSUs are subject to the achievement of performance criteria determined in the first year of the grant and thereafter vests in equal annual installments over three years.

/s/Renee M. Donlan POA 02/24/2012

\*\* 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.