FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - | houre per recognese: | 1.0 | | | | | | | |

Form 3 Holdings Reported.

| X Form 4 | Transactions | Reported. | Fi | led pursuant or Secti | | | | | ities Excha ompany A | | | 34 | | | | | | |
|---|--|---|------------------------|---|--|-------|--|-----------------------|----------------------------|--|------|---|---|--|--|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* <u>Lee John Tseng-Chung</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol MKS INSTRUMENTS INC [MKSI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) 2 TECH | ` | First) | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | | _ 2 | X Officer (give title Other (specify below) Group VP & GM CIT/ION Products | | | | | |
| (Street) ANDOV (City) | | | 01810 (Zip) | 4. If Ame | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (- | | ole I - Non-Deri | vative Se | curitie | es Ac | auir | ed. Dis | sposed | of. or | Bene | eficiall | v Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transac Code (li 8) | | ction | 4. Securities Acquire (D) (Instr. 3, 4 and 5) | | uired (A) | ed (A) or Disposed Of | | | | Form: D (D) or and of Indirect (cal (Instr. 4) | | Direct Indirect Benefic t (I) Owners | | | | |
| | 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 | | Execution Date, if any | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Secu Und Deri | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Num derivati Securit Benefic Owned Followi Reporte Transac | ive ies cially ng ed | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exer | cisable | Expiratio Date | n Title | | Amount or Number of Shares | unt (Instr ber | | | | | |
| Restricted Stock Unit | (1) | 03/16/2009 | | 4A | 1,750 ⁽² | 2) | | (3) | (3) | | mon | 1,750 | \$0 40,058 | | 058 | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents the contingent right to receive one share of common stock of MKS Instruments, Inc.
- $2. \ These \ shares \ were \ inadvertently \ not \ reported \ with \ the \ equity \ grant \ on \ March \ 16, \ 2009.$
- 3. These shares are subject to the achievement of performance criteria and thereafter shall vest in equal annual installments over three years.

/s/Renee M. Donlan POA

02/12/2010

** 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.