FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Name and Address of Reporting Person* WALCOTT PETER W | | | | | | 2. Issuer Name and Ticker or Trading Symbol ENTEGRIS INC [ENTG] | | | | | | | | Relationship heck all appli Direct | cable) | g Pers | on(s) to Issi 10% Ow Other (s | ner | |
|--|---|--|--|-------|---|---|---|---|---|--|---------------------|-----------------|--|--|---|------------|--|---------------------------------------|--|
| (Last) 25 LOW | (Last) (First) (Middle) 25 LOWELL ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2013 | | | | | | | | X Officer (give title Other (specify below) SR V.P. & General Counsel | | | | |
| (Street) WELLESLEY MA 02481 (City) (State) (Zip) Table I - Non-Deriva | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefic | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Ally Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | Transac (Instr. 3 | tion(s) | | | msu. 4) | |
| Common Stock 02/12/ | | | | | 2/201 | 2013 | | A | | 15,224 | (1) A | \$00 | 2) 82 | 82,650 | | D | | | |
| | | - | Гable II - | | | | | | | | osed of, onverti | | | / Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to | \$9.88 | 02/12/2013 | | | A | | 59,364 | | (3) | 0 | 2/19/2020 | Common Stock | 59,364 | \$0 ⁽⁴⁾ | 59,364 | 4 | D | | |

Explanation of Responses:

- 1. These shares are restricted stock units with restrictions that lapse over a four year period with respect to 25% of these shares per year, starting on February 19, 2014.
- 2. This restricted stock unit award was made pursuant to an equity incentive award plan in consideration of services as an employee.
- 3. The option vests in four equal annual installments starting on February 19, 2014 and thereafter on February 19, 2015, February 19, 2016 and February 19, 2017. The option will expire on February 19, 2020.
- 4. These options were awarded pursuant to a stock option plan that provides for the award of options in consideration of services as an employee.

Remarks:

/s/Peter W. Walcott

02/14/2013

** 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.