FORM 4

__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

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed By Romeo & Dye's Instant Form 4 Filer www.section16.net

1 0					2. Issuer Name a n E ntegris, Inc. (E l		or Trad	ing	Symbol	6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director10% Owner					
(Last 3500 Lyman B				of Reporting Person,				Statement for onth/Day/Year 18/02	Office	er (give title	below)Other (specify below)				
Chaska, MN 5	(Stre 5318	eet)						f Amendment, te of Original onth/Day/Year)	X Form	7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Ci	ty) (Sta	ate) (Zip)				Table I -	— Non-l	Der	ivative Securitie	s Acquired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	-2A. Deemed Execution Date, if any (Month/Day/ Year)	3. Tran action Code (Instr. 8 Code	3)	4. Securities Acqui of (D) (Instr. 3, 4 & 5) Amount	nstr. 3, 4 & 5)			5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions(s) (Instr. 3 & 4)		ship Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	12/18/02	2	G		10,000	D		n/a		338,252	D	by trust			
Common Stock				Γ						105,200	I	by Charitable Remainder Unitrust			
Common Stock										105,200	I	by family member Charitable Remainder Unitrust			
Common Stock										200,341	I	by family member			
Common Stock										361,349	I	by ESOP			

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).

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 control number

FORM 4 (continued)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

										7	-	1	1		-
1. Title of	2. Conver-	nver- 3. 3A.				5. Number of D	erivative	6. Date		7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Trans-		Securities Acquired (A) or		Exercisable		of Underlying		Derivative	Derivative	Owner-	of Indirect	
Security	Exercise	action Execution			1	Disposed of (D)		and Expiration		Securities		Security	Securities	ship	Beneficial
	Price of							Date		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative					(Instr. 3, 4 & 5)		(Month/Day/		ĺ ĺ		ľ í	Owned	of	(Instr. 4)
È í	Security			(Instr.				Year)					Following	Deriv-	ľ í l
		Day/		8)									0	ative	
		Year) Yea		_									Transaction(s)		.
		1		Cada	17	(4)	(D)	Dete	Enning	Title	A	•		Direct	
		1		Code	ľ	(A)	(D)		Expira-		Amount			(D)	
		1						Exer-	tion		or			or	
		1						cisable	Date		Number			Indirect	
		1									of			manect	
		1									Shares			(1) (Lucius A)	
					Ц									(Instr. 4)	
Stock Option	\$3.15							.(1)	2/11/08	Common	173,688		173,688	D	
(Right to		1								Stock					
Buy)															
Stock Option	\$9.63				Π			<u>.(2)</u>	9/18/10	Common	10,000		10,000	D	
(Right to		1								Stock					
Buy)															
Stock Option	\$11.00							<u>.(3)</u>	7/11/10	Common	300		300	D	
(Right to	1	1								Stock					
Buy)															
-															

Explanation of Responses:

By: /s/ Lori Cameron Attorney-in-Fact for Daniel R. Quernemoen **Signature of Reporting Person

**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.