FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OIVID ALL L | TOVAL |
|---|---------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average b | urden |

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

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | | | | | | | | | |

| 1. Name and Address of Reporting Person* GRAVES GREGORY B | | | | | | 2. Issuer Name and Ticker or Trading Symbol ENTEGRIS INC [ENTG] | | | | | | | | | Check all ap Dire | plicable) | Person(s) to Issuer 10% Owner Other (specify | | |
|--|---|--|--|--|--|---|---|---|--------------------------------------|------|---|-----|------------------------|---|--|---|--|----------|--|
| (Last) (First) (Middle) 4613 DREXEL AVE. S. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2009 | | | | | | | | | X belo | w) ` | | below) | |
| (Street) EDINA MN 55424 (City) (State) (Zip) | | | | | - 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | th/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Secui Benet | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Pric | Trans | action(s) 3 and 4) | | (msu. 4) | |
| Common Stock 0 | | | | | | 4/2009 | | | A | | 15,892 | (1) | (1) A \$0 ⁽ | |)(2) 1 | 54,914 | D | | |
| | 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) | of Incomplete Conversion of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 1. Transaction Date Execution Date, if any (Month/Day/Year) 2. Transaction Date Execution Date, if any (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) | | | | 4. Fransaction Code (Instr. 3) Sec Acq (A) Disport (I (Inst and | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V (A) (D) E | | Exercisa | | Date | Title | Sha | res | | | - 1 | | | |

Explanation of Responses:

- 1. These shares are restriced and were issued in connection with a salary reduction which will remain in place through December 31, 2009. The restrictions on the shares lapse on January 14, 2010.
- 2. The number of restricted shares in this grant were calculated by dividing the amount of the salary reduction referenced in footnote 1 by the closing price of \$1.99 on the date of grant.

Remarks:

Peter W. Walcott, Attorney-in-Fact for Gregory B. Graves

01/16/2009

** 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.