FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average hurden | | | | | | | | | |

0.5

hours per response:

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

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

| 1. Name and Address of Reporting Person* <u>Sullivan Brian F.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ENTEGRIS INC [ENTG] | | | | | | | | (Ch | elationsh eck all ap C | plicable) | g Person(s) to I | | |
|--|---|--|--|----------|--|--|--|-------|--|--|--------------------|---|-----------------------|---|---|--|---|--|
| (Last) (First) (Middle) C/O ENTEGRIS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2019 | | | | | | | | | Offic belo | cer (give title w) | Other below | (specify) | |
| 129 CONCORD ROAD | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | ICA M | A (|)1821 | | | | | | | | | | | Line | X Fori | m filed by Moi | e Reporting Pers | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or | Bene | eficial | y Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | Secui Bene Owne | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount (A | | A) or D) | Price | | action(s) 3 and 4) | | (Instr. 4) |
| Common Stock 08/21/2 | | | | | 2019 | | A | | 174.858(1) | | A | \$43.41 | | 2,716.326 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transac Code (I B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Num | | | | | |

Explanation of Responses:

1. Represents deferred restricted stock units payable on a one-for-one basis in Entegris, Inc. common stock, which were acquired with the automatic purchase feature of the Entegris, Inc. 2007 Deferred Compensation Plan in connection with the cash dividend paid by Entegris, Inc. on August 21, 2019.

Remarks:

/s/ Joseph Colella, Attorney-In-Fact for Brian F. Sullivan 08/23/2019

** 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.