FORM 4

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 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHAN |
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| -1-11 | |

OMB APPROVAL 3235-0287 NGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5

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* Rice Susan G. | | | | | 2. Issuer Name and Ticker or Trading Symbol ENTEGRIS INC [ENTG] | | | | | | | | | | k all applicable) Director Officer (give title | | ng Person(s) to Issue 10% Owner Other (spec | | ier |
|--|--|--|--------------|----------|---|--|--------|--|--|----------|--|--|-----------------------------------|--|--|---|--|---|--|
| | (Fi TEGRIS, II NCORD RO | NC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2022 | | | | | | | | | SVP, Human Resources | | | | |
| (Street) BILLER (City) | ICA M | A 0 | 1821 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Alline) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | erson | . | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or E | Bene | ficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | Transaction Disposed Of Code (Instr. 5) | | | s Acquired (A) or of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) o | r Pri | ice | Transa | ction(s) 3 and 4) | | (| (5 4) |
| Common Stock 02/11/2 | | | |)22 | | | | A | | 3,696(1) | A | | \$0 ⁽²⁾ | 44,022.004 | | D | | | |
| Common Stock 02/11/20 | | | | 2022 | | | | F | | 1,085(3) | D | \$1 | 24.48 | 42,9 | 42,937.004 | | | | |
| | 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) | Execu | | | Transaction Code (Instr. | | vative virities vired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ship (D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amou or Numb of Share | per | | | | | |

Explanation of Responses:

- 1. Awarded in connection with the settlement of performance share units for the 2019-2021 performance cycle.
- 2. Awarded pursuant to the Entegris, Inc. 2010 Stock Plan in consideration of services as an employee.
- 3. Shares automatically withheld upon settlement of performance share units to satisfy tax withholding obligations.

Remarks:

/s/ Joseph Colella, Attorney-In-Fact for Susan G. Rice

02/15/2022

** 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.