FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Sacution Date Execution I curity or Exercise (Month/Day/Year) if any		(e.g., puts, called 4. Transaction Code (Instr.		5. Number of		Onverti	vertible securitie		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
Common Stock					tivo Co	ourition Az	es Acquired, Disposed of, or I		Por s#	oioll:	5,389		I	Held in trust for child			
Common Stock												5,	389	I	Held in trust for child		
Common Stock													40	,000	I	By spouse	
Common Stock													100	),961	I	By 401(k) Plan	
Common Stock				02/26/2007			S		300(1)	D \$		\$11.79	172	2,342	D		
Common Stock				02/26/2007			S		400(1)	D \$		\$11.78	3 172	2,642	D		
Common Stock				02/26/2007			S		300(1)	D \$		\$11.77	7 173	3,042	D		
Common Stock				02/26/2007			S		351(1)	)	D	\$11.76	5 173	3,342	D		
Common Stock				02/26/2007			S		600(1)	)	D	\$11.75	173	3,693	D		
Common Stock				02/26/2007			S		900(1)	)	D	\$11.72	2 174	1,293	D		
Common Stock				02/26/2007			S		500(1)	)	D	\$11. <del>7</del> 1	-	5,193	D		
Common Stock				02/26/2007			S		690(1)	)	D	\$11.7	_	5,693	D		
Common				02/26			S		210(1)	-	D	\$11.69	_	5,383	D		
Common	Stock			02/26	/2007		М	ľ	4,251	-	(D) A	\$5.9	(Instr. 3	and 4)	D		
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year	3. Transaction Code (Instr.		5) (A) or   Del			A) or	5. Amount of 4 and 5 securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(City)	(5		(Zip)	n-Deriv	ative S	ecurities Ac	nuired	Die	nosed o	of O	r Rono	ficiall	v Owner	<u> </u>			
(Street) CHANHASSEN MN 55317  (City) (State) (Zip)												Line					
(Last) (First) (Middle) 6686 POINTE LAKE LUCY					02/26/	02/26/2007  4. If Amendment, Date of Original Filed (Month/Day/Year)							SR V.P Tech. & Innovation  6. Individual or Joint/Group Filing (Check Applicable				
Goodman John B						ENTEGRIS INC [ ENTG ]  3. Date of Earliest Transaction (Month/Day/Year)							(Check all applicable) Director 10% Owner  X Officer (give title below) Other (specify below)				
Name and Address of Reporting Person*						or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer				
Instruc	tion 1(b).			File		t to Section 16(a, tion 30(h) of the I						+					

## Buy) **Explanation of Responses:**

\$5.9

02/26/2007

Employee Stock Option

(Right to

1. These shares were sold pursuant to a Rule 10b5-1 Trading Plan established by the Reporting Person on February 21, 2007.

Code

M

and 5)

(A) (D)

4,251

Date Exercisable

(2)

Expiration Date

10/15/2012

Title

Stock

Amount or Number

4,251

**\$0**<sup>(3)</sup>

12,000

D

2. The option is fully vested.

3. These options were acquired pursuant to an employee stock option plan that provided for the grant of options in consideration of services as an employee.

## Remarks:

Peter W. Walcott, Attorney-in02/26/2007 Fact for John B. Goodman

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.