Edgar Filing: GEYER STAN - Form 4

| GEYER STA | .N | | | | | | | | | |
|---|---|--|---|--|------------|---|---|--|-----------|--|
| Form 4 | | | | | | | | | | |
| October 19, 2 | 2004 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | |
| Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no long subject to Section 16 Form 4 or | GES IN BENEFICIAL OWNERSHIP SECURITIES | | | | NERSHIP OF | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| Form 5 obligation may conti <i>See</i> Instru- 1(b). | s Section 17(a | uant to Section 1) of the Public Ut 30(h) of the In | tility Hold | ing Com | pany | Act of | f 1935 or Section | · | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ad GEYER STA | Symbol | 2. Issuer Name and Ticker or Trading Symbol ENTEGRIS INC [ENTG] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | iddle) 3. Date of | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | | |
| 3500 LYMA | (Month/D | (Month/Day/Year) 10/15/2004 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CHASKA, M | /IN 55318 | | | | | | Form filed by M Person | Iore than One Re | eporting | |
| (City) | (State) (2 | Zip) Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securiti on(A) or Dis (D) (Instr. 3, 4 Amount | posed | of | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 10/15/2004 | 10/15/2004 | J <u>(1)</u> | 16,667 | A | <u>(1)</u> | 248,739 | D | | |

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

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.

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

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

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | ionNumber Expin of (Mon | | Expiration Date (Month/Day/Year) | | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|----------------------------|-----|-------------------------------------|--------------------|-------|--|---|--|
| | | | Code V | 4, an 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|-----------|-------|--|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | | |
| GEYER STAN 3500 LYMAN BOULEVARD CHASKA, MN 55318 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| By: /s/ Lori Cameron, Attorney Geyer | or Stan | 1 | 0/19/2004 | | | | | | |
| **Signature of Reporting I | | | Date | | | | | | |

Explanation of Responses:

- 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).
- Reporting Person received a restricted stock grant on October 15, 2004. Reporting Person will be entitled to receive 25% of such shares (1) on October 15, 2005, 2006, 2007, 2008 provided Reporting Person has complied with certain restrictions such as continued employment.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.