F	ORM 5
~	Check this box if no longer subject to Section 16. Form 4

subject to Section 16. Form 4	
or Form 5 obligations may	
continue. See Instruction 1(b).	
Form 3 Holdings Reported	
	or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported 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 Donorting	Darson *	2. Issuer Name an	d Ticker or Trac	ling Symbol	5. Relationship of Reporting Person(s) to Issuer				
PARODI MIKE	s of Keporting		TEGAL CORP		0,	(Check all applicable)				
(Last)	(First)	(Middle)	3. Statement for Is	suer's Fiscal Va	ar Ended	Director X Officer (give title below)	10% Owner Other (specify	helow)		
(Lust)	(1130)	(ivitalic)	(Month/Day/Year)		ai Endeu	President & CEO				
C/O TEGAL COF	RP, 2201 SO	UTH	03/31/2005							
MCDOWELL BL	· · · · · · · · · · · · · · · · · · ·									
	(Street)		4. If Amendment,	Date Original F	iled(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)				
PETALUMA, CA	94954					_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction	4. Securities Acquired	5. Amount of Securities	6.	7. Nature		
(Instr. 3)		Date	Execution Date, if	Code	(A) or Disposed of	Beneficially Owned at end of	Ownership	of Indirect		
		(Month/Day/Year)	any	(Instr. 8)	(D)	Issuer's Fiscal Year	Form:	Beneficial		
			(Month/Day/Year)		(Instr. 3, 4 and 5)	(Instr. 3 and 4)	Direct (D)	Ownership		
							or Indirect	(Instr. 4)		
					(A) or		(I)			
					Amount (D) Price		(Instr. 4)			

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)																
1. Title o	2.	3. Transaction	3A. Deemed	4.	5. Nu	mber	6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number	10.	11. Nature		
Derivativ	e Conversion	Date	Execution Date, if	Transaction	of		and Expirati	on Date	Amo	unt of	Derivative	of	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	Deriv	ative	(Month/Day	/Year)	Unde	erlying	Security	Derivative	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secur	rities			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership		
	Derivative				Acqu	ired			(Instr	: 3 and		Beneficially	Security:	(Instr. 4)		
	Security				(A) o	r			4)			Owned at	Direct (D)			
					Dispo	osed						End of	or Indirect			
				of (D)								(I)				
					(Instr. 3, 4, and 5)							Fiscal Year	(Instr. 4)			
												(Instr. 4)				
										Amount						
							Date	Emination		or						
							Exercisable			Expiration Data	Title	Number				
							Exercisable	Date		of						
					(A)	(D)				Shares						

Reporting Owners

ſ	Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address		Director	10% Owner	Officer	Other		
	PARODI MIKE C/O TEGAL CORP 2201 SOUTH MCDOWELL BLVD PETALUMA, CA 94954			President & CEO			

Signatures

/s/ Christine T. Hergenrother by Power of Atty	05/02/2005	
**Signature of Reporting Person	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).

Remarks:

No longer a reporting person due to resignation from the Company on 3/2/05

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.