| FORM | 4 |
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| Check this box if no |
|-----------------------|
| longer subject 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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Type Responses) | | | | | | | | | | | | |
|---|------------------|--|--|------------|---|------------------------|--------|---|---|--|-------------------------|--|
| 1. Name and Address of Reporting Person + DOHRING EDWARD A | | | 2. Issuer Name and Ticker or Trading Symbol TEGAL CORP /DE/ [TGAL] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner | | | |
| 2201 S. MCDOWELL H | (First) BLVD. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2008 | | | | | Officer (give title below) Officer (give title below) | her (specify bel | ow) | | |
| (Street) PETALUMA, CA 94954 | | | 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 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 (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | (Instr. 8) | | (A) or D (Instr. 3, | (A) or | of (D) | Transaction(s) (Instr. 3 and 4) | Ownership Form: Direct (D) or Indirect (I) | Beneficial Ownership | |
| | | | | Code | V | 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.

SEC 1474 (9-02)

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

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|-----|--|--------------------------|---|------|----------|--|--|--|--------------------|-----------------|--|--------------------------------------|--|--|------------|
| | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ion) | of Der Seco Acq (A) Disp of (I | ivative urities puired or posed D) tr. 3, 4, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| RSU | \$ 0 | 03/18/2008 | | D | | | 2,200 | 03/18/2008 | 12/18/2017 | Common Stock | 2,200 | \$ 4.60 | 57,463 | D | |
| RSU | \$ 0 | 03/18/2008 | | D | | | 500 | 03/18/2008 | 12/18/2017 | Common | 500 | \$ 4.55 | 56,963 | D | |

Reporting Owners

| Den estima Orman Nemer / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| DOHRING EDWARD A 2201 S. MCDOWELL BLVD. PETALUMA, CA 94954 | х | | | | | | | |

Signatures

| /s/ Christine Hergenrother | 03/20/2008 |
|---------------------------------|------------|
| **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).

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.