FORM 4

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

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

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

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 Ty | pe Response | s) | | | | | | | | | | | | | | |
|------------------------------------------------------------|-------------|--------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|------------------------|----------|-------|--------------------------------------------------------------|-------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| 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 | | | | | |
| C.O. 2201 S. MCDOWELL BLVD. (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2008 | | | | | | | | ve title below) | | her (specify bel | ow) | | |
| (Street) PETALUMA, CA 94954 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ | 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 Acqui | | | | | | | s Acquired | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day | | Date, if Code (Inst | | ; | 4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5) | | of (D) Owned Follo | | | | Ownership Form: | Beneficial Ownership | |
| | | | | | | | Сс | ode V | Amount (A) or (D) | | Price | | | | (I) (Instr. 4) | |
| 1. Title of | 2. | 3. Transaction | | | | lls, war | rants | quired, Disp s, options, co | osed of | or Beno | eficially Ov | vned | ontrol num | 9. Number | of 10. | 11. Nat |
| | Conversion | Date (Month/Day/Year) | | if Transaction Code r) (Instr. 8) | | | | 6. Date Exercisable : Expiration Date (Month/Day/Year) | | and | 7. Title and Amount of Underlying Securities (Instr. 3 an | f | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form o Derivat Securit Direct (or India | thip of Indir Benefic Owners (Instr. 4 |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expi Date | ration | Title | Amount or Number of Shares | | | | |
| Non Qualified Stock Options | \$ 3.56 | 09/23/2008 | | A | | 4,166 | | 09/23/200 | 9 09/2 | 3/2018 | Common Stock | 4,166 | \$ 14,830.96 | 61,129 | D | |

Reporting Owners

| Donastina Commun Nama / Address | Relationships | | | | | | |
|-----------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| DOHRING EDWARD A C.O. 2201 S. MCDOWELL BLVD. PETALUMA, CA 94954 | X | | | | | | |

Signatures

| /s/ Christine Hergenrother by power of attorney | 09/23/2008 | | |
|-------------------------------------------------|------------|--|--|
| **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.