FORM 4	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

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02)

#### 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 Response	(5)											
1. Name and Address of Reporting Person – Karis James			2. Issuer Name <b>and</b> Ticker or Trading Symbol TEGAL CORP /DE/ [TGAL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
PO BOX 620371	(First)	(Middle)	3. Date of Earliest 07/12/2012	Transactio	n (M	onth/Day/Y	(ear)		X  Officer (give title below)  Other (specify below)    Co-Chief Financial Officer			
	(Street)		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			
WOODSIDE, CA 94062												
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security		2. Transaction			tion	4. Securities Acquired				6.	7. Nature	
(Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		· / · · /			Beneficially Owned Following Reported Transaction(s)	Ownership Form:	of Indirect Beneficial	
			(Month/Day/Year)		¥.7		(A) or	D.	(Instr. 3 and 4)	or Indirect (I)	Ownership (Instr. 4)	
				Code	V	Amount	(D)	Price		(Instr. 4)		
Common Stock		07/12/2012		А		239,417 ( <u>1)</u>	А	\$ 0	239,417	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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. N	lumber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	ivative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Sec	urities		Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Acc	uired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Disposed							Reported	or Indirect	
					of (D)							Transaction(s)	(I)	
					(Instr. 3,							(Instr. 4)	(Instr. 4)	
					4, and 5)									
										Amount				
							Date	Expiration		or			1	
							Exercisable		Title	Number			1	
							Excicisable	Date		of				
				Code V	(A)	(D)				Shares				

# **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Karis James PO BOX 620371 WOODSIDE, CA 94062	Х		Co-Chief Financial Officer						

## **Signatures**

07/12/2012 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).

(1) The Reporting Person will receive 239,417 representing a right to receive one share of the company common stock. 23,921 will vest on July 12, 2012, 17,970 will shall vest on each 9 month and 12 month anniversaries. Thereafter 14,963 shall vest each quarter such that all of the RSUs shall ve vested on the 4 year anniversary.

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.