FORM	4	

(Print or Type Responses)

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 hours per response... 0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Ations See by 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 Reporting KRAUSS JEFFREY M	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				
2201 S. MCDOWELL BLVD		3. Date of Earliest Transaction (Month/Day/Year) 03/25/2010						Officer (give title below) Ot	her (specify belo	w)	
(Street) PETALUMA, CA 94954	4	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 Acquire					red, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)		(A) or Disposed of (D)		of (D)	Owned Following Reported Transaction(s)		Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (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 SEC 1474 (9-02) 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. Numb	er	6. Date Exercisal	ble and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivativ	ve	(Month/Day/Yea	ar)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securitie	es			Securities (Instr. 5)		Beneficially	Derivative	Ownership	
	Derivative					Acquired	t			(Instr. 3 and 4)		Owned	Security:	(Instr. 4)	
	Security					(A) or								Direct (D)	
						Disposed	d of						1	or Indirect	
						(D)							Transaction(s)	< /	
						(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
						and 5)			I						
											Amount				
								Date	Expiration		or				
									Date		Number				
				<b>a</b> 1	•••	<i>(</i> <b>1</b> )					of				
				Code	V	(A)	(D)				Shares				
Non-															
Qualified	¢ 1.00	02/25/2010	02/25/2010	P		72.044		(1)	02/25/2020	Common	1144	¢ 1 00	70 077	D	
Stock	\$ 1.20	03/25/2010	03/25/2010	Р		72,966		04/25/2010 <mark>(1)</mark>	03/25/2020	Stock	4,166	\$ 1.20	72,966	D	
Options										21001					
Options															

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KRAUSS JEFFREY M 2201 S. MCDOWELL BLVD PETALUMA, CA 94954	Х						

## Signatures

/s/Christine Hergenrother by power of atty	10/12/2010
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).
- (1) Vesting 1/12 each month for 1 year.

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.