

# **VEECO INSTRUMENTS INC**

# Reported by **ELFTMANN JOEL A**

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/26/05 for the Period Ending 05/25/05

Address TERMINAL DRIVE

PLAINVIEW, NY 11803

Telephone 516 677-0200

CIK 0000103145

Symbol VECO

SIC Code 3559 - Special Industry Machinery, Not Elsewhere Classified

Industry Semiconductors

Sector Technology

Fiscal Year 12/31

# **VEECO INSTRUMENTS INC**

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 5/26/2005 For Period Ending 5/25/2005

Address TERMINAL DR

PLAINVIEW, New York 11803

Telephone 516-349-8300 CIK 0000103145

Industry Semiconductors

Sector Technology

Fiscal Year 12/31



[] 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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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ELFTMANN JOEL A					VEECO INSTRUMENTS INC [ VECO ]						<b>X</b> Dire	ctor		10%	Owner	
(Last)	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)						Office below)	Delow) Officer (give title below) Other (spec				
VEECO INST SUNNYSIDE B								5/25/20	05							
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
WOODBURY (City)	(State)	<b>797</b> (Zip)	)										Reporting Pe		n	
		Table l	[ - Non-I	)eriv	vati	ve Secur	itie	s Acquire	ed, Dispo	sed of, a	r Beneficiall	y Owned	l			
1.Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if any	n C (I	ode A Instr. 8) D (I	Securities (A) pisposed of (nstr. 3, 4 an (A) or (D)	or Foll (Ins d 5)	mount of Securitiowing Reported Ttr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Tab	le II - Dei	rivative	Securitie	es Be	enef	ficially O	)wn	ned ( e.g. ,	puts, cal	lls, warr	ants, options	, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed	4. Trans Code (Instr 8)	S	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title an	d Amount of Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Stock Option (Right to Purchase)	\$15.08	5/25/2005		A		10000		5/25/2005	5/24/2012	Common Stock	10000	\$15.08	10000	D		

#### **Explanation of Responses:**

Reporting Owners							
Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ELFTMANN JOEL A							
VEECO INSTRUMENTS INC.,							
100 SUNNYSIDE BOULEVARD SUITE B	X						
WOODBURY, NY 11797							

Signatures
Gregory A.
Robbins,
Attorney-in-fact

5/26/2005

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

<sup>\*\*</sup> Signature of Reporting Person

\*\* 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. 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.

#### **End of Filing**



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