FORM 4

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

OMB APPR	OVAL
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nours 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 Responses	s)																
	nd Address of NCOR CC		Person *			ssuer Name ERMA W					mbol		5	. Relation		ck all applic		er
160 RIO	ROBLES	(First)		(Middle)		ate of Earlie 18/2007	st Tran	sactio	on (N	Month/Day	y/Yea	r)	-	Office	r (give title belo	w)	Other (specify	below)
CAN IO	EE CA 05	(Street)			4. If	Amendmen	t, Date	Origi	nal I	Filed(Mont	h/Day/	Year)		X_ Form fil	ual or Joint/O ed by One Repo ed by More than	orting Person		able Line)
SAN JOS (City	SE, CA 95	(State)		(Zip)		7	able I	- Noi	n-De	erivative :	Secur	ities A	Acquir	ed, Dispo	osed of, or I	Beneficially	Owned	
1.Title of S (Instr. 3)	ecurity		Date	nsaction h/Day/Year)	any	eemed tion Date, if h/Day/Year)	Code (Instr.		ion	4. Securior Dispos (Instr. 3,	sed of	(D)	ed (A)	Benefici	ant of Securi ally Owned d Transactio	Following	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
					(ivione)	a Buy, Teur)	Coo	le	V	Amou	nt	(A) or (D)	Price	(moti. 3	und 1)		\ /	(Instr. 4)
Common	Stock		05/18	3/2007			P			32,830, (1)	,254	A	\$ 1.65	32,830	,254		I	See Footnote (2)
Common	Stock		05/24	1/2007			P			7,470,6 (3)	514	A	\$ 1.65	40,300	,868		I	See Footnote
Common	Stock		05/24	1/2007			P			3,725,9	943	A	\$ 1.65	0 (4)			I	See Footnote
Reminder:	Report on a s	eparate line	for each	n class of sec	urities t	eneficially of	owned	direct	ly o	or indirectl	ly.							
									100	ntained i	n thi	s forr	n are	not requ	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)
				Table II		ative Securi								y Owned				
1. Title of	2	3. Transact	ion	3A. Deemed		outs, calls, v	5.	ıs, op		Date Exer				le and	8 Price of	9. Number	of 10.	11. Natu
Derivative	Conversion	Date		Execution D	-	Transaction	Num	ber	and	d Expirati	on Da	ite	Amou	ınt of	Derivative	Derivative	Owner	ship of Indire
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Da	y/Year)	any (Month/Day	/Year)	Code (Instr. 8)	of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	ired r osed)		Ionth/Day	/Year)	Under Secur (Instr. 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Securit Direct or Indi	Ownersl (Instr. 4) (D)
						Code V	(A)	(D)	Da Ex	ate tercisable		ration	Title	Amount or Number of Shares				

Reporting Owners

P (0 N /		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
KLA TENCOR CORP 160 RIO ROBLES		X		
SAN JOSE, CA 95134				

Signatures

/s/ Brian M. Martin, Senior Vice President and General Counsel	05/25/2007	7																																											,	1	,	7	7	7	7	7	7	,	,		,	7	7	7	7	7	7	7	7	7	7	7	7	7	7	,	,	,	,	,	,	,											
*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) Represents shares acquired by Fenway Acquisition Corporation, a wholly-owned subsidiary of KLA-Tencor Corporation, on May 18, 2007
- (2) The shares are directly beneficially owned by Fenway Acquisition Corporation.
- (3) Represents shares acquired by Fenway Acquisition Corporation through May 24, 2007.
- (4) Therma-Wave, Inc.'s outstanding shares were canceled in a merger with Fenway Acquisition Corporation, effective May 24, 2007.

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.