FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average b	urden										
hours por rosponso:	0.5										

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

											<u> </u>								
1. Name and Address of Reporting Person* Feanny Tracy Ann					L.A	2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [LSCC]								(Che	ck all appli Directo	cable)	g Pers	son(s) to Iss 10% Ov Other (s)wner
(Last) 5555 NE	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2023						X	below)	below) SVP, Gen		below)	peony		
(Street) HILLSBORO OR 97124					_ 4. If	4. If Amendment, Date of 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											n		
(City)	Rı	Rule 10b5-1(c) Transaction Indication																	
									action was ons of Rule					on or writter	plan th	nat is intende	ed to		
		Tabl	e I - No	n-Deriv	ative/	Sec	uritie	es Ac	quired,	Dis	posed (of, or E	enef	iciall	y Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Transaction Disposed Of (I Code (Instr. 5)		ties Acquired (A) or Of (D) (Instr. 3, 4 and				es ally Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 11/18/					3/2023	2023		M		214			\$0 ⁽¹⁾	6,	,334		D		
Common Stock 11/18/3				3/2023				F ⁽²⁾		85 D		\$	58.07	07 6,249			D		
		Т	able II -								osed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or	ount mber ures					
Restricted Stock Unit	\$0 ⁽³⁾	11/18/2023			M			214	(4)	T	(5)	Common Stock	2	14	\$0	17,293	3	D	

Explanation of Responses:

- 1. Restricted Stock Units (RSUs) no purchase price for this transaction.
- 2. These shares were retained by the Issuer in order to meet the tax withholding obligations of the Reporting Person in connection with the vesting of an installment of the restricted stock units. The amount retained by the Issuer was not in excess of the amount of the tax liability.
- 3. Each Restricted Stock Unit (RSU) represents a right to receive one share of the Issuer's common stock without payment of specific consideration.
- 4. Grants of Restricted Stock Units (RSUs) vest as follows: 25% of the RSUs will vest on the first anniversary of the date of grant, and an additional 6.25% of the RSUs shall vest at the end of each three month period thereafter.
- 5. Not applicable.

/s/ Tracy Feanny

11/20/2023

tlv.

** Signature of Reporting Person

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).
- ** 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 Number.