FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Section 1 | his box if no lon 16. Form 4 or F ns may continu on 1(b). | orm 5 | STAT | | ed purs | suant | to Section 1 | L6(a) | of the Se | curiti | NEFICIA es Exchange npany Act of | e Act of 193 | _ | ΗP | | | erage burden | 0.5 | |
|--|--|--|---|--------------|--|---|--|-------|--|--------|--|---|--|---|--|---|--|--|--|
| 1. Name and Address of Reporting Person* <u>Luther Sherri R</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>LATTICE SEMICONDUCTOR CORP</u> [LSCC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) | | | | | |
| (Last) (First) (Middle) 5555 NE MOORE COURT | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022 | | | | | | | | | SVP, CFO | | | | | |
| (Street) HILLSBORO OR 97124 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non | | | | | | · · · | Dis | , , | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/) | | | | | n/Day/Year) i | | 2A. Deemed Execution Dat if any (Month/Day/Ye | | 3. Transaction Code (Instr. 8) | | | | | 5. Amount Securities Beneficial Owned Fo Reported | es Form ally (D) c Following (I) (II | | Direct Ir Indirect B str. 4) O | 7. Nature of ndirect Beneficial Ownership Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transactio (Instr. 3 ar | on(s) | | | , | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, Ti C | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Performance Restricted Stock Unit (PRSU) | \$0 | 02/17/2022 | | | A | | 28,508 ⁽¹⁾ | | 01/31/2 | 023 | (2) | Common Stock | 28,508 | \$0 | 28,508 | 8 | D | | |

Explanation of Responses:

1. On February 17, 2022, the Compensation Committee of the Issuer's Board of Directors certified the achievement of the first tranche of the Performance Restricted Stock Units (PRSUs) granted on February 19, 2021 and determined a 200% payout for the first measurement period based on the Issuer's fiscal year 2021 revenue. These PRSUs will vest on January 31, 2023.

2. Not applicable.

/s/ Tracy Feanny, Attorney in Fact For: Sherri R. Luther

02/21/2023

** 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.