FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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 Person* Downing Maxwell J						2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [LSCC]										Relationship leck all appli Direct	cable)	g Pers	son(s) to Iss 10% Ov Other (s	vner	
(Last)	(Fi 5TH AVE.,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/19/2018											below) below) CFO				
(Street) PORTLA			97204 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person										n					
		Tab	le I - Noi	n-Deriv	/ativ	e Se	curit	ies A	cqı	uired, I	Disp	osed o	f, o	r Ben	eficial	ly Owned	t				
Dat			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transac Code (I 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			l (A) or . 3, 4 and	4 and Securities Beneficially Owned Follo		Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock			07/1	9/201	.8				M		1,216	5	A	\$0.00	1) 30	,056		D		
Common	Stock			07/1	9/201	.8				F ⁽²⁾		407		D	\$6.6	5 29	29,649		D		
		7	Гable II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercisal Expiration Date (Month/Day/Year			Amount o		ount of urities derlying ivative \$		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Dat	te ercisable		Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Unit	\$0.0 ⁽³⁾	07/19/2018			M			1,216	07/	/19/2017 ⁽	(4)	(5)		nmon :ock	1,216	\$0.0	78,43	9	D		

Explanation of Responses:

- 1. Restricted Stock Units 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 Issuers common shares without payment of specific consideration.
- 4. This grant of Restricted Stock Units (RSUs) vest as follows: 25% of the RSUs will vest upon the one-year anniversary of the grant date and an additional 6.25% of the RSUs vest each three months thereafter until 100% of the RSU grant is vested.
- 5. Not applicable.

By: Byron W. Milstead,

Attorney-in-Fact For: Maxwell 07/20/2018

J. Downing

** 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.