FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* <u>Milstead Byron Wayne</u>					<u>L</u> A	2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [LSCC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) 5555 N.E	(First) (Middle) N.E. MOORE CT.					3. Date of Earliest Transaction (Month/Day/Year) 02/02/2015								X Officer (give title X Other (specify below) VP Corp, General Counsel / VP Corp, General Counsel						
(Street) HILLSB (City)			97124 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individ ne) X	'					
		Tab	le I - Noi	า-Deriง	vative	e Se	curiti	es Ac	quired	l, Dis	posed o	of, or Be	neficia	ılly O	wned					
Dat			2. Trans Date (Month/	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Code (Instr.		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		4 and Securition Beneficition Owned I		es Fo ially (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Cod	e v	Amount	(A) oi (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/02/					2/201	2015		M		992	A	\$0.0)(1)	23,	23,260		D			
Common Stock 02/02				2/201	/2015		F ⁽²⁾		414	414 D \$		07	22,846			D				
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/Ye		Execution I	Date,		ransaction Code (Instr.		n of Ex		s. Date Exercisable and Expiration Date Month/Day/Year)		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 Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Cod	Code	e V	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares	nber						
Restricted Stock Unit (RSU)	\$0.0 ⁽³⁾	02/02/2015			М			992	02/01/20	12 ⁽⁴⁾	(5)	Common Stock	992	5	\$0.0	40,427	7	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.

02/03/2015 /s/ Bryon W. Milstead

** 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.