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									
- 1	l ha	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* ABRAMS ROBIN ANN						2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [LSCC]									ionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issu 10% Ov Other (s		wner
(Last) 5555 NE	Last) (First) (Middle) 555 NE MOORE COURT							3. Date of Earliest Transaction (Month/Day/Year) 09/23/2020								(give title		below)	эреспу
(Street) HILLSBORO OR 97124						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	-	(Zip) ble I - N	lon-Dei	ivativ	e Se	curi	ties A	quire	d, Di	sposed o	f, or B	enefic	cially (Owned				
Di			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, ar) if any (Month/Day/Year		n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3			d 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 09/23/20)20			M		30,000	A	\$5	5.33	172	172,385		D	
Common Stock 09/23/20						020					5,835	D	\$27.6	.6197 ⁽²⁾ 1		.66,550		D	
Common Stock 09/23/20					/2020)20			S ⁽¹⁾		12,500	D	\$27.	594 ⁽³⁾	154,050			D	
			Table I								posed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/		4. Transa Code (8)	Instr.	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) Date Expiration Date Expiration Date			7. Title ; of Secu Underly Derivati (Instr. 3	rities ring ive Secu and 4)	ount ouber	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Non- Qualified					Code		(^)	(0)	EXERCIS	Jane	Date	Title	Jild						

09/01/2012⁽⁴⁾

Explanation of Responses:

Option (right to buy)

\$5.33

1. The transaction indicated was conducted under an approved 10b5-1 Plan.

09/23/2020

- 2. The price indicated is the weighted average sale price for the shares sold. The individual sale prices for the shares indicated range from \$27.43 to \$27.84.
- 3. The price indicated is the weighted average sale price for the shares sold. The individual sale prices for the shares indicated range from \$27.39 to \$27.85.
- 4. This option to purchase shares of common stock vests as follows: one-third of the total number of shares subject to the option shall vest on each of the first three anniversaries of the grant date.

By: Byron W. Milstead,

Attorney in Fact For: Robin 09/24/2020

Ann Abrams

Common Stock

09/01/2021

** Signature of Reporting Person Date

30,000

30,000

D

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.