FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* Milstead Byron Wayne					<u>L</u> A	2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP LSCC]									heck a	onship of Reporti all applicable) Director Officer (give title	ng Person(s) to Is 10% C Other			
(Last) (First) (Middle) 111 SW 5TH AVE., 7TH FL.					3. Date of Earliest Transaction (Month/Day/Year) 08/26/2019										X	below)				
(Street) PORTLAND OR 97204 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individue) X	dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ılly C	wned				
1. Title of Security (Instr. 3) 2. Trans Date (Month//					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			id :	5. Amount of Securities Beneficially Owned Following Reported	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A (C) or)	Price	- 1-	Transaction(s) [Instr. 3 and 4)			(1130.4)	
Common Stock				08/26	08/26/2019						1,182		D	\$19 .	.13	12,385	D			
		Та	able II - [sed of, onvertib				/ Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if any (Month/Day/Year) vative		Date, ay/Year)	Transaction of Code (Instr. 8) Se Ad (A Di of (Ir Instr. Se A C Di of (Ir Inst		of Deriv Secu Acqu (A) o Disp of (D (Insti	rative rities ired r osed) : 3, 4	6. Date E Expiratio (Month/D	n Date	e ar)	Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Medical Amount of Number Number Number New York Number New York Number New York New Yor		ount nber	8. Prio Deriva Secur (Instr.	ative derivative ity Securities	Owne Form: Direct or Ind (I) (Ins	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ Byron W. Milstead

08/26/2019

** 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.