FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL |
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| OMB Number: | 3235-0287 | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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).

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 ar <u>Jensen</u> | <u>L</u> | 2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [LSCC] | | | | | | | | | elationship o ck all applic Directo | able) | g Pers | 10% O | wner | | | | | |
|--|---|--|---|--------|---|---|-------|-------------|-------------------|---|---|-------------------|---|------------------------|---|--|---------------------|--|---------------------------------------|--|
| (Last) 5555 N.I | (F E. MOORE | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2016 | | | | | | | | | Officer below) | Officer (give title below) | | Other (below) | specify | | |
| (Street) HILLSB (City) | | | 97124 (Zip) | | 4. | If Ame | endme | ent, Date o | of Original | Original Filed (Month/Day/Year) | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tal | ole I - Noi | n-Deri | vativ | re Se | curi | ties Ac | quired, | Dis | posed o | f, or Be | enef | icially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispo | | ies Acquii Of (D) (In | red (A str. 3, | 4 and 5) Securition Benefici | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | Transaction(s) (Instr. 3 and 4) | | | | (3 4) | |
| Common | Stock | | | 05/0 | 7/201 | 16 | | | М | | 19,324 | 4 A | | \$0.0 ⁽¹⁾ | 31, | 31,416 | | D | | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | ansaction ode (Instr. | | of E | | i. Date Exercisable and Expiration Date Month/Day/Year) | | | nd Ar ities ng /e Sec and 4 | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | nount imber ares | | | | | | |
| Restricted Stock Unit | \$0.0 ⁽²⁾ | 05/07/2016 | | | M | | | 19,324 | 05/07/201 | 6 ⁽³⁾ | (4) | Commor Stock | 19 | ,324 | \$0.0 | 0 | | D | | |

Explanation of Responses:

- 1. Restricted Stock Units no purchase price for this transaction.
- 2. Restricted Stock Units no exercise price for this transaction.
- 3. The restricted stock units vest 100% on the first anniversary of the Grant Date.
- 4. Not applicable.

<u>By: Byron W. Milstead,</u> <u>Attorney-in-Fact For: Mark E.</u> <u>05/10/2016</u> <u>Jensen</u>

** 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.