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

0.5

hours per response:

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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERSON JAMES ROBERT					LSCC]								Director	,	10% Owner		ner		
(Last) (First) (Middle)						1000 1								Officer (give title		Other (s below)	pecify	
(Last) (First) (Middle) 111 SW 5TH AVE., 7TH FL.					3. Date of Earliest Transaction (Month/Day/Year) 08/02/2019								President & CEO						
					4. 1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) PORTLAI	ND OR	t	97204										Line)	Form file	ed by One I	Reporti	ing Person		
													Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Ta	ble I - Non	-Deriv	vativ	e Se	curities	Acq	uired, Di	spo	osed of	, or Ben	eficially	Owned					
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	Code (Instr.		I (A) or : 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	Form: ly (D) or		: Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership				
								Code V	1	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an	tion(s)		1	(Instr. 4)		
			Table II - I						ired, Dis _l options,					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		3A. Deemed Execution Da if any (Month/Day/Y	Code	Transa Code (I	5. Numl Derivati Securiti Acquire or Dispr of (D) (I 3, 4 and		e s (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Securiti Underlying Derivative (Instr. 3 and	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
													Amount		Transactio (Instr. 4)	on(s)			
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Number of Shares						
Performance Restricted Stock Unit (PRSU)	\$0.0 ⁽¹⁾	08/02/2019			A		112,677		08/02/2020 ⁽²⁾		(3)	Common Stock	112,677	\$0.0	528,78	9	D		
Restricted Stock Unit	\$0.0 ⁽¹⁾	08/02/2019			A		112,677		08/02/2020 ⁽⁴⁾		(3)	Common Stock	112,677	\$0.0	487,42	3	D		

Explanation of Responses:

- 1. Each Restricted Stock Unit (RSU) represents a right to receive one share of the Issuers common shares without payment of specific consideration.
- 2. Grants of Performance Restricted Stock Units (PRSUs) vest as follows: one-third of the PRSUs will vest on each anniversary of the date of grant, and upon the achievement of the performance conditions.
- . Not applicable.
- 4. Grants of Restricted Stock Units (RSUs) vest as follows: 25% of the RSUs will vest on the first anniversary of the date of grant, and an additional 6.25% of the RSUs shall vest at the end of each three month period thereafter.

By: Byron W. Milstead,
Attorney-in-Fact For: James R. 08/06/2019

Anderson

** 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.