FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

lashington,	D.C.	20549	

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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)						
NELSON MARK JON															Direc	tor		10% O	wner	
					LSCC]								1	Office	er (give title w)		Other (below)	specify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								SVP, Sales							
5555 NE MOORE COURT					12/06/2024															
(Chrosh)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HILLSBORO OR 97124				1									Form filed by One Reporting Person							
				·										Form filed by More than One Reporting						
(City) (State) (Zip)														Person						
		Table		Nama Damina	41	0		A -			:	-6	Danefi	-!-!!·	<u> </u>	- d				
		Table	1 - 1	Non-Deriva	tive	Secui	rities	AC	quir	rea, D	isposea (or, or	Beneti	cially	Own	ea				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ear) li	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I			Acquire (D) (Ins	ed (A) or tr. 3, 4 and	nd 5) Securi Benefi Owned		icially d Following	Form (D) or Indire	ı: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
							Ī	Code	v	Amount	(A) or (D)	Price		Transa	ported insaction(s) str. 3 and 4)		nstr. 4)	(Instr. 4)		
Common Stock 12/06/2024				4			S ⁽¹⁾		1,850 I		\$57.92	9243(2)		14,279		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ıts, c	calls, v	warra	nts	s, op	tions,	converti	ble s	ecuritie	es) Î						
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivation		rative rities ired r osed)	Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of vative derivative securities beneficia Owned Following Reported Transacti (Instr. 4)		ly Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	,	(A)	(D)	Da Ex	te ercisable	Expiratio	n Title	Amour or Numbe of Shares	er						

Explanation of Responses:

- 1. The transaction indicated was conducted under an approved 10b5-1 Plan, adoption date of referenced 10b5-1(c) plan is: 09-06-2024.
- 2. This transaction was executed in multiple trades at prices ranging from \$57.37 to \$58.78. The price reported above reflects the weighted average sale price. The Reporting Person undertakes to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sale price.

/s/ Tracy Feanny, Attorney in Fact For: Mark Jon Nelson

12/09/2024

** 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.