FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20049 | OMB APPROVAL | | |
|--|--------------|-------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | |

| l | OMB Number: | 3235-0287 | | | | |
|---|------------------------|-----------|--|--|--|--|
| l | Estimated average burd | en | | | | |
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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

| Name and Address of Reporting Person* LEDERER JAMES P | | | 2. Issuer Name and Ticker or Trading Symbol LATTICE SEMICONDUCTOR CORP | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|--|---|--|--------|---------------|----------------|--|--|---|---|---|---------------------------------|---|---|--|
| LEDERER JAMES P | | | LSCC] | | | | | | | 2 | Directo | r | | 10% Ov | vner | | |
| (Last) (First) (Middle) 111 SW 5TH AVE., 7TH FL. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2018 | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| (Street) | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| PORTLA | AND O | R | 97204 | | | | | | | | | | Form fi | | | rting Perso | |
| (City) | (S | state) | (Zip) | | Form filed by More than One Reporting Person | | | | | | | ting | | | | | |
| | | Tal | ole I - Non | -Deriva | tive | Sec | curities | s Ac | quired, Di | sposed o | of, or Bei | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | Code (Inst | n Dispose | ties Acquire d Of (D) (Insi | ed (A) or tr. 3, 4 and | 5. Amour Securitie Beneficia Owned F | s ally following | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | Amount | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | |
| | | | | | | | | | uired, Disp s, options, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | conversion Date Execution Date, Transarice of (Month/Day/Year) (Month/Day/Year) Execution Date, Transarice of (Month/Day/Year) (Month/Day/Year) 8) | | | saction of Ex | | | Expiration Dat | 5. Date Exercisable and Expiration Date Month/Day/Year) Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s ally | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | Co | de V | , | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to buy) | \$6.29 | 03/14/2018 | | А | | | 65,756 | | 03/14/2019 ⁽¹⁾ | 03/14/2028 | Common Stock | 65,756 | \$0.0 | 65,75 | 6 | D | |

Explanation of Responses:

1. 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: James P. 03/20/2018

<u>Lederer</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.