FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL								
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).

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 ]									(Ch	eck all applic	,		ner	
(Last) 5555 N.I	(Fi E. MOORE	•	(Middle)			3. Date of Earliest Transaction (M 05/01/2013						ay/Year)			_	X Officer (give title Other (spec below) below)  VP Corp, General Counsel				poony
(Street) HILLSB (City)			97124 (Zip)		4. If	Line) X Form f										Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		·	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefici Owned I	s For ally (D) following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 05				05/01	1/2013					M		992		Α	\$0 <sup>(1</sup>	8,	159		D	
Common	Stock			05/01	1/201	3				F <sup>(2)</sup>		413		D	\$4.5	9 7,	746	16 D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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, 1	4. Transa Code ( B)		ı of I		Exp	5. Date Exercisab Expiration Date Month/Day/Year)			Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	O N O	lumber					
Restricted Stock Unit (RSU)	\$0 <sup>(3)</sup>	05/01/2013			M			992	03/2	25/2014 <sup>(4</sup>	1)	(5)	Com		992	\$0	41,756		D	

## Explanation of Responses:

- 1. Restricted Stock Units no purchase price for this transaction.
- 2. These shares were retained by the Issuer in order to meet the tax withholding obligations of the Reporting Person in connection with the vesting of an installment of the restricted stock units. The amoun retained by the Issuer was not in excess of the amount of the tax liability.
- 3. Each Restricted Stock Unit (RSU) represents a right to receive one share of the Issuers common shares without payment of specific consideration.
- 4. This grant of Restricted Stock Units (RSUs) vest as follows: 25% of the RSUs will vest upon the one-year anniversary of the grant date and an additional 6.25% of the RSUs vest each three months thereafter until 100% of the RSU grant is vested.
- 5. Not applicable

/s/ Byron W. Milstead

\*\* Signature of Reporting Person Date

05/01/2013

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.