FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to									
١	Section 16. Form 4 or Form 5									
J	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* <u>CIARDELLA ROBERT L</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol COHU INC [ COHU ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															X D	rector		10% C	wner	
(Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 07/27/2018										fficer (give title elow)		Other (specify below)		
12007 01					4 If	Λmo	ndmont	Data	of Origin	l Eiloc	L (Month/D	ov/Voor	`		Individus	of Joint/Crow	o Eiling (Ch	nock A	nnlicable	
(Street)					4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
POWAY	CA	<b>\</b> 0	92064													X Form filed by One Reporting Per				
75004 GA 52004															Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, or	Bene	eficia	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar)   I	Execution f any	A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ities Acquired (A) d Of (D) (Instr. 3,			nd Sec Ber Ow	mount of urities reficially ned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	( <i>A</i>	() or ()	Price	Tra	nsaction(s) tr. 3 and 4)			(111341.4)	
Common Stock 07/27/					7/2018	2018			A		68(1)		A	\$0.00		82,687 <sup>(2)</sup>				
		Та	ıble II - C					•			sed of, onvertib				y Owne	ed				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			Date,		ransaction of Determine (A) Dissection of Determine (A) Dissection of (Instance (A) Dissection of Determine (Instance (A) Dissection of Determine (Instance (A) Dissection of (Instance (A) Dissection		osed ) :. 3, 4	6. Date Expirati (Month/	on Dat			ount nber	8. Price of Derivative Security (Instr. 5)		Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. Grant of Phantom Stock in the form of Deferred Stock Units (DSUs) for payment of dividends on DSUs. Each DSU is equal to one share of Cohu, Inc. Common Stock and will be settled through the issuance of common stock (i) upon reporting person's termination of service as a director or (ii) at certain specified future dates.
- 2. Number of shares includes 4,931 Restricted Stock Units (RSUs) and 29,756 Deferred Stock Units (DSUs). Each RSU represents a contingent right to receive one share of Cohu, Inc. Common Stock upon vesting (assuming continued service to the Board). Each DSU is equal to one share of Cohu, Inc. Common Stock and will be settled through the issuance of common stock (i) upon the reporting person's termination of service as a director or (ii) at certain specified dates.

## Remarks:

<u>Jeffrey D. Jones, by Power of</u> Attorney

07/30/2018

\*\* 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.