FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject | STA |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>LAWEE IAN P</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol COHU INC [COHU] | | | | | | | | (Ched | ck all app Direc | tor | ng Per | rson(s) to Is 10% Ov Other (s | wner | |
|---|--|---------|-----------------|---|---|--|--|------------------------|-----------------|--|---|------------|---|---|--|-----------|---|-------------|--|
| (Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2022 | | | | | | | | X | | Officer (give title below) Sr. VI | | below) | specify | | |
| (Street) POWAY (City) | CA (St | ate) (Ž | 2064 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) X | Form Form Perso | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting on | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Secur Benet | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | rice | Transa | ction(s) 3 and 4) | | | (111041. 4) | |
| Common Stock 0 | | | 05/08/2 | 2022 | | | F | | 1,794(1) | I |) | \$0.00 | 55,085(2) | | | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Str. | Price of privative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Share | es | | | | | |

Explanation of Responses:

- 1. Represents shares that were automatically withheld upon vesting of Restricted Stock Units (RSUs) to cover tax obligations in a transaction exempt under Rule 16(b)-3.
- 2. Number of shares includes 39,254 RSUs (excluding the impact of shares that will be withheld to cover tax obligations) previously reported that in the future will be converted on a one-for-one basis into shares of Cohu, Inc. Common Stock immediately upon the vesting dates (assuming continued employment and achievement of specified performance goals).

Remarks:

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

05/09/2022

** 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.