SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

0.5

Estimated average burden

hours per response:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>COHU INC</u> [COHU]						
(Last) 12367 CRC (Street) POWAY (City)	(First) DSTHWAITE CA (State)	(Middle) CIRCLE 92064 (Zip)	-	-	Issuer (Check all X Di Of	nship of Reporting applicable) rector fficer (give e below)	10% C)wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				E		of Securities y Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are beneficially owned						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conversion or Exercise Price of		Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
Explanation o	f Deemonary		Date Exercisable	Expiration Date	Title		Amount Derivati or Security Number of Shares				5)

Remarks:

Jeffrey D. J	lones,	<u>by Power</u>	11/02/2022
of Attorney	<u>/</u>		11/02/2022

Date

** Signature of Reporting Person

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 5 (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.