FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BENDUSH WILLIAM					2. Issuer Name and Ticker or Trading Symbol <u>COHU INC</u> [COHU]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023									er (give title		Other (below)	-	
12367 CROSTHWAITE CIRCLE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) POWAY	C/	A 9	92064											Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursua satisfy the affirmative defense conditions of Rule 10b5-1(c). S											pursua 1(c). Se	int to a c ee Instru	It to a contract, instruction or written plan that is intended to e Instruction 10.						
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owi	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Execution Date,		3. Transaction Code (Instr.4. Securiti Disposed 5)8)			ies Acquired (A) Of (D) (Instr. 3, 4		1 (A) or r. 3, 4 ar		icially d	Forn (D) o	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(# (E	A) or D)	Price		ted action(s) 3 and 4)				
Restricted Stock Units 05/10/2					023			A		4,347(1)		A	\$0.00 39,253 ⁽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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		Transaction Number Code (Instr. of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f g (. Price of Derivative Gecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	

Explanation of Responses:

1. Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of Cohu, Inc. Common Stock upon vesting. The RSUs vest on the earlier to occur of (i) the one-year anniversary of the May 10, 2023 grant date or (ii) the 2024 Cohu, Inc. Annual Meeting of Stockholders (assuming continued service to the Board of Directors).

Date

Exercisable

Expiration

Date

2. Number of shares includes 4,347 Restricted Stock Units (RSUs) that in the future will be converted on a one-for-one basis into shares of Cohu, Inc. Common Stock immediately upon the vesting date (assuming continued service to the Board of Directors)

ànd 5)

Remarks:

Jeffrey D. Jones, by Power of 05/11/2023

** Signature of Reporting Person Date

Amount or Number

Shares

of

Title

<u>Attorney</u>

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).

Code

v (A) (D)

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.