FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | urden | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|
| ٦. | 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* KABBANI SAMER | | | | | | 2. Issuer Name and Ticker or Trading Symbol COHU INC [COHU] | | | | | | | | | heck all ap Dire | ector | 10% | o Owner |
|--|--|--|---|--|----------------|--|--|----------------------|---|-----------------------|---------------------|---|-----------|--|---|--|---|-------------|
| (Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2013 | | | | | | | | | ^ bel | cer (give title ow) esident, Delt | belo | ′ |
| (Street) POWAY CA 92064 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lir | ne) X For For | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | n Date, | Code (Instr. | | | | | | d Secu Bene | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect |
| | | | | | | | | | | v | Amount | (A) | or | Price | Tran | saction(s) r. 3 and 4) | | (IIISU. 4) |
| Common | mon Stock 10/26/2013 F | | | | | 785 ⁽¹⁾ D \$ | | \$1 <mark>0</mark> . | 94 5 | 59,206 ⁽²⁾ | D | | | | | | | |
| | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | Owne | ł | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Open Code (Instr. 8) Secution Acquire (A) or Disport Of (D | | sed 5. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | 8. Price of Derivative Security (Instr. 5) | | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | | |

Explanation of Responses:

- 1. Represents shares that were automatically withheld upon vesting of restricted stock (RSUs) to cover tax obligations in a transaction exempt under Rule 16(b)-3.
- 2. Number of shares includes 47,166 Restricted Stock Units (RSU) (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 vesting which vesting is scheduled to occur in annual installments (assuming continued employment and achievement of specified performance goals).

Remarks:

<u>Jeffrey D. Jones (Attorney-in-Fact)</u>

10/28/2013

** 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.