## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
---------------	------	-------

STATEMENT	OF (	CHANGES	IN BENEFICIA	AL.	OWNERSHIP
	<b>O</b> .		III DEIIEI IOI/	٠.	O 1111E: (O:

	OMB APP	ROVAL
	OMB Number:	3235-0287
	Estimated average b	ourden
-	haura nar raananaa	0.5

Check this box if no longer subject to 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* <u>CIARDELLA ROBERT L</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol COHU INC [ COHU ]								(Ch	eck all ap	ionship of Reporting all applicable) Director		s) to Is			
(Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017									Offic belo	er (give title w)		Other ( below)	specify
(Street) POWAY (City)	CA (Sta		02064 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) <mark>X</mark> Forr	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/E				2A. Deemed Execution Date, if any (Month/Day/Year			Transaction Disposed (Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			Secur Benef	icially d Following	6. Owner Form: Dir (D) or Ind (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (D	) or )	Price	Trans	action(s) 3 and 4)			(mour 4)	
Common Stock 09/2				09/29	/2017		A		826(1)	A \$		\$0.0	74,881 <sup>(2)</sup>		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Date,		Fransaction of Code (Instr. Derivativ		ative rities ired osed	6. Date Exercisable Expiration Date (Month/Day/Year)		•	e and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			s. Price of Derivative Gecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

- 1. Grant of Phantom Stock in the form of Deferred Stock Units (DSUs) for payment of Director Fees. 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 future dates.
- 2. Includes 5,252 Restricted Stock Units (RSUs) and 21,629 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 future dates

## Remarks:

Jeffrey D. Jones, by Power of

10/03/2017

<u>Attorney</u> \*\* 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.