Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
hours per response: 0.						

Ownership (Instr. 4)

				or Sec	tion 3	U(n) of the in	vestmer	it Con	npany Act of	1940							
1. Name and Address of Reporting Person*  BILODEAU STEVEN J  (Last) (First) (Middle)  12367 CROSTHWAITE CIRCLE					2. Issuer Name <b>and</b> Ticker or Trading Symbol  COHU INC COHU							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				<u> </u>								X Dire	Director 10% 0		6 Owner		
				3. Date of Earliest Transaction (Month/Day/Year) 12/24/2021								Officer (give title below)		Other (specify below)			
				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street)										-   -   -   -	X Form filed by One Reporting Person						
POWAY	C.F.	A 9	2064 							Forn	Form filed by More than One Report Person						
(City)	(St	ate) (Z	Zip)									1 613	011				
		Table	I - Non-Deriva	ative S	ecur	ities Acq	uired,	Dis	osed of,	or Ber	neficia	ally Owr	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,				ies Acquired (A) Of (D) (Instr. 3,		nd Securi Benef Owner	cially I Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indire Benefici Ownersi	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)		(Instr. 4)	!		
Common Stock 12/24/2				2021			A		634(1)	A	\$0.0	0 83	,477 <sup>(2)</sup>	D			
		Tal	ole II - Derivat (e.g., pı			ies Acqui varrants,							d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		of	6. Date Exercisal Expiration Date (Month/Day/Year		te	7. Title ar Amount of Securitie Underlyin Derivativ Security	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following	Owner: Form:	Benefi Owner ect (Instr.	irect icial rshi	

## **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 reporting person's termination of service as a director or (ii) at certain specified future dates.

Date

Exercisable

2. Number of shares includes 4,001 Restricted Stock Units (RSUs) and 53,954 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 upon (i) the reporting person's termination of service as a director or (ii) at certain specified future dates.

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

## Remarks:

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

Security (Instr. 3 and 4)

Title

Expiration

Date

Amount Number

Shares

Following Reported

Transaction(s) (Instr. 4)

12/27/2021

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

- \* 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.