FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

TATEMENT	OF CHA	NGES IN	BENEFIC	IAL

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per respons	se: 0.5									

OWNERSHIP

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* BILODEAU STEVEN J				2. Issuer Name and Ticker or Trading Symbol COHU INC [COHU]								5. Relationship (Check all app X Direct		licable)	ng Per	rson(s) to Is				
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023									Office below	er (give title v)		Other (s below)	pecify		
12367 C	ROSTHWA	ITE CIRCLE									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)														X	, , ,					
POWAY	CA	9	2064												Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication							on							
	Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See							rsuant to c). See In:	a conti structio	ract, instru n 10.	uction or writt	en pla	n that is inter	ided to						
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3enefi	cially	y Own	ed				
Date			2. Transac Date (Month/Da	Execution Date,		Transaction Disposed (Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		and Securit Benefit Owned		ities For icially (D) d Following (I) (n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	or Pri	се	Report Transa (Instr. 3	ed ction(s) 3 and 4)			Instr. 4)		
Common Stock 03/			03/31/	/2023				A		688(1)	688 ⁽¹⁾ A		0.00	00 58,578(2)			D			
		Tal									osed of, onvertib				Owne	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities rired r osed)	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	r						

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
- 2. Number of shares includes 5,091 Restricted Stock Units (RSUs) and 34,154 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.

Remarks:

Jeffrey D. Jones, by Power of Attorney ** Signature of Reporting Person

04/03/2023

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.