## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL									
	OMB Number:	3235-0287								
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1	hours per response:	0.5								

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 and Ticker or Trading Symbol COHU INC [ COHU ]									k all app	onship of Reporting Pe all applicable) Director		Person(s) to Issuer  10% Owner	
(Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/23/2017										Officer (give title velow)		Other (specify below)		
(Street) POWAY (City)	CA (Sta		)2064 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	Forn Forn	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	3ene	ficially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)					Securi Benefi	cially I Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A)	or	Price	Transa	action(s) 3 and 4)			(mourly)
Common Stock 06/23/				/2017	2017		A		1,176 <sup>(1)</sup> A		A	\$0.00	73,994 <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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Date,		ransaction of ode (Instr. Derivative		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Numl of Share						

## **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 20,742 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

06/27/2017

<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.