FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Chiang Hock Woo						2. Issuer Name and Ticker or Trading Symbol COHU INC [ COHU ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last)	`	rst) (	(Middle	)		3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017								X	Office	er (give title		Other (	specify		
(Street) POWAY (City)	OWAY CA 92064						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X 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. Transaction Date (Month/Day/Ye					/Year)	Execution Date,			3. Transact Code (In 8)			ecurities Acquired (A posed Of (D) (Instr. 3,			Securi Benefi Owned	cially I	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	mount (A) or (D)			Report	ollowing eported ansaction(s) estr. 3 and 4)		tr. 4)	(Instr. 4)		
Stock Option         02/27/201						.7			M		6,000	6,000 A		.28	84,975			D			
Stock Option         02/27/201					017	.7		S		6,000	D	\$17.	.08 <sup>(1)</sup> 78		3,975(2)		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transactio Code (Instr 8)		on Number		6. Date Ex Expiration (Month/Da	Dat	e Amount of		of es ng re	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Number of Shares	er							
Employee Stock Option (Right to Buy)	\$9.28	02/27/2017			М			6,000	10/23/2013	3(3)	10/23/2022	Common Stock	6,000	)   9	\$0.00	0		D			

## **Explanation of Responses:**

- 1. The shares with respect to this transaction were sold in multiple trades at prices ranging from \$16.94 to \$17.23; The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. Number of shares includes 47,982 Restricted Stock Units (RSU) 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).
- 3. The option vests in four equal installments beginning on October 23, 2013 (assuming continued employment).

## Remarks:

02/28/2017 Jeffrey D. Jones

\*\* 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.