FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	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).

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*  MARCH KEVIN P  (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol     TEXAS INSTRUMENTS INC [ TXN ]      3. Date of Earliest Transaction (Month/Day/Year)     01/23/2014								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Sr. Vice President & CFO						
(Street) DALLAS TX 75243  (City) (State) (Zip)						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					
1. Title of Security (Instr. 3)  2. Transa Date				2. Transa	action 2A. Deemed Execution Date,			3. Transac	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			or 5. Amount of securities Beneficially Owned Following		s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								1	v	Amount	(D)	+ ' ' -		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/23. Common Stock					2014	014		A <sup>(1)</sup>		30,62	20   A	1	\$0	373,536 1,974.64 <sup>(2)</sup>				By Trust- - PS	
Common Stock														42.1	.4 <sup>(3)</sup>			By Trust- -401(k)	
			Table II -	Derivati (e.g., pu										wned				*	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code (Inst				6. Date Exe Expiration (Month/Day	Date	of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ive ties cially ing ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	e V	(A)		Date Exercisable		xpiration ate	Title	Amo or Num of Sh	ber		Transact (Instr. 4)	1011(3)			
NQ Stock Option (Right to	\$44.09	01/23/2014		A		166,048		(4)	01	1/23/2024	Common Stock	166	,048	\$0	166,0	48	D		

## **Explanation of Responses:**

- 1. Award of restricted stock units pursuant to 2009 Long-Term Incentive Plan.
- 2. Estimated shares attributable to TI Universal Profit Sharing Account as of 12-31-13. (Interests in this account are denominated in units. Consequently, share amount shown is an estimate.) This statement does not include changes in beneficial ownership of shares held in such account occurring after 12-31-13 that are eligible for deferred reporting on Form 5
- 3. Estimated shares attributable to TI 401(k) Account as of 12-31-2013. (Interests in this account are denominated in units. Consequently, share amount shown is an estimate.) This statement does not include changes in beneficial ownership of shares held in this account occurring after 12-31-2013 that are eligible for deferred reporting on Form 5.
- 4. The option becomes exercisable in four equal annual installments beginning on January 23, 2015.

/s/ Daniel M. Drory, Attorney In 01/27/2014

\*\* 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.