FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 331111gton, D.C. 20040 | | |
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| OMB APPR | ROVAL | | | | | | |
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| 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

| 1. Name and Address of Reporting Person* <u>SANCHEZ ROBERT E</u> | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | | Relationship leck all appli X Directo | | | son(s) to Issuer 10% Owner | | |
|--|--------------------|--|--|---|---|---|-------------------------------------|-------|--|---|---|---------------------|--|---|-----------------------------------|--|---------------------------------------|--------|
| (Last) 12500 T | (Fi I BOULEV | ŕ | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/18/2014 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) | S T2 | x | 75234 | | 4. I | | | | | | | 6. I Lin | dividual or Joint/Group Filing (Check Applicable) Compared to the compared t | | | | ı | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | Persor | , | e triair | Опе Керог | ung |
| | | Tab | le I - Nor | า-Deriv | /ativ | e Se | curities | s Acc | quired, | Dis | oosed o | f, or Be | neficia | ly Owned | i | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Dispose | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | Benefici | es F ally (Following (| Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (instr. 4) | |
| Common | Stock | | | | | | | | | | | | | 10 | 10,406 D | | | |
| | | - | Table II - | | | | | | | | | or Bend ble secu | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | sion Date (Month/Day/Year) Exe if ar (Mo | | | | action Instr. | of | | 6. Date Exercisable and 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(s (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock | \$1 ⁽¹⁾ | 04/18/2014 | | | A | | 145.46 | | (2) | | (2) | Common | 145.46 | \$45.83 | 593.1 | | D | |

Explanation of Responses:

- 1. Security converts to common stock on a one-for-one basis.
- 2. Stock units credited under the Texas Instruments 2009 Director Compensation Plan, to be settled in common stock of the Issuer following the reporting person's termination of service as a director of the Issuer. End-of-period holdings include stock units acquired pursuant to the dividend reinvestment provision of the Plan.

/s/ Cynthia H. Grimm, Attorney In Fact

04/22/2014

** 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.