FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Sillington, D.C. 20049 | П |
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| ı | OMB APPROVAL | | | | | | | | |
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| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burd | en | | | | | | | |
| | 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 | Secti | on 30(h) | of the | Investmen | t Cor | npany Act | of 1940 | | | | | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|---------|----------------------------------------------------------------------------------|-------------------------------------------------------------|------------|--------------------------------------|---------------------------------------|-------|--------------------|----------------------|-----------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Name and Address of Reporting Person* SANCHEZ ROBERT E | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) 12500 T | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2015 | | | | | | | | | | (give title | | Other (s below) | |
| (Street) DALLA: (City) | | | 75234 (Zip) | | 4. 1 | If Ame | endment, I | Date o | f Original | Filed | (Month/Da | ay/Year) | | 6. Indi Line) X | Form fi | led by One | Repo | (Check Apporting Persor | ı |
| | | Tab | le I - Nor | า-Deriv | ativ/ | e Se | curities | s Ac | quired, | Dis | osed o | of, or Be | nefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. b) | | | | | 4 and Secur Benef Owne | | s ally following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pri | ce | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | | 12,259 | | | D | |
| | | - | Гable II - | | | | | | | | | , or Ben ble secu | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. B) | | | | 6. Date Ex Expiratior (Month/Da | Date | | of Securities | | 5 | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |
| Stock Units | \$1 ⁽¹⁾ | 08/21/2015 | | | A | | 184.48 | | (2) | | (2) | Common Stock | 184. | 48 | \$47.43 | 3,346.29 | (2) | 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**

08/21/2015

** 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.