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 | | | | | | | | | |
| 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

| | | | | | | | . , | | | | ' ' | | | | | | | | |
|--|---|--|---|---------|---|--|----------|-----------------|---|-------------------------|------------------------------|---------------------|--|---|---|---|--|--|--|
| Name and Address of Reporting Person* Lizardi Rafael R | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | neck all appli Directo | Director | | 10% Ov | vner | | |
| (Last) | (F I BOULEV | , | (Middle) | | | Date 6 | | Trans | saction (Mo | (Month/Day/Year) | | | | helow) | Officer (give title below) Sr. Vice Pres | | Other (s below) t & CFO | specify | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) DALLAS | (Street) DALLAS TX 75243 | | | | _ | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | | | | | | action was m ns of Rule 1 | | | tract, instruction 10. | on or written | plan th | at is intended | i to | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curities | s Ac | quired, | Dis | posed o | f, or Be | neficia | lly Owned | ł | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | Date, | Code (Instr. 5) | | | | Benefici Owned I | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 01/25/ | | | | | 5/202 | /2024 | | A | | 14,336 ⁽¹⁾ A | | . \$0 | 78 | 78,267 | | D | | | |
| Common Stock | | | | | | | | | | | | 33 | 33,994 | | I | SLAT | | | |
| | | - | Гable II - | | | | | | , | | osed of, onvertil | | | / Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securities | | ties ng e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 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 | Amount or Number of Shares | | | | | | |
| NQ Stock Option (Right to Buy) | \$167.42 | 01/25/2024 | | | A | | 63,997 | | (2) | C | 01/25/2034 | Common Stock | 63,997 | \$0 | 63,99 | 7 | D | | |

Explanation of Responses:

- $1.\ Award\ of\ restricted\ stock\ units\ pursuant\ to\ 2009\ Long-Term\ Incentive\ Plan.$
- $2. \ The \ option \ becomes \ exercisable \ in \ four \ equal \ installments \ beginning \ on \ January \ 25, 2025.$

/s/ Leslie Mba, Attorney in Fact 01/29/2024

** Signature of Reporting Person

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.