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

| 1. Name and Address of Reporting Person* WHITMAN CHRISTINE TODD | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|---|--|---------|--|---|--|--------------------------------------|---|---|------------------|---|--|------------------------|---|---|---|----------------|------------|
| (Last) 12500 T | Last) (First) (Middle) 2500 TI BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2008 | | | | | | | | | | (give title | | Other (sbelow) | · |
| (Street) DALLA (City) | | | 75243 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed | | | | | | ay/Year) | | 6. Inc Line) | Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | n |
| | | Tab | le I - Noi | n-Deriv | /ative | e Se | curities | s Acc | quired, | Dis | posed c | of, or Be | nef | icially | Owned | l | | | |
| D D | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | A) or , 4 and | 5. Amour Securitie Beneficia Owned F | s ally following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o | r F | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common | Stock | | | | | | | | | | | | | | 7,000 D | | | | |
| | | - | Table 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) (Month/Day/Year) (Month/Day/Year) | | d 4. Date, Transaction Code (Instr. | | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Stock Units | \$1 ⁽¹⁾ | 09/19/2008 | | | Α | | 117.22 | | (2) | | (2) | Common | 11 | 7.22 | \$22.75 | 2,777.4 | 6 ⁽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 2003 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/ Daniel M. Drory, Attorney

09/22/2008

In Fact

** 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.