FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Whitaker Darla H</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | Check | all applic Directo | cable) or | g Pers | 10% Ov | vner |
|--|---|--|--|-------------------------------|------------------------------|---|---|---------|---|-------|----------------------------|------------------------------|--------------------------------------|-------------------|---|---|---------------|--|---|
| (Last) 12500 T |) (First) (Middle) 00 TI BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015 | | | | | | | | X | below) | er (give title v) Sr. Vice Pres | | Other (s below) ident | вреспу |
| (Street) DALLAS TX 75243 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | Person | | | | | | | | | | | | | |
| | | Tab | ole I - N | on-Deri | ivativ | e Se | curit | ties Ac | quired | l, Di | sposed o | f, or Be | neficia | lly | Owned | | | | |
| | | | | 2. Transa Date (Month/I | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securitie Disposed (| es Acquired Of (D) (Instr | quired (A) or (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac (Instr. 3 | tion(s) | | | (111501.4) |
| Common Stock 02/11/2 | | | | | | 015 | | | M | | 52,500 | A | \$23.0 | 23.05 147 | | 7,795 | | D | |
| Common Stock 02/11/20 | | | | | /2015 | 015 | | | S ⁽¹⁾ | | 52,500 | D | \$55.6 | 6867 95 | | 5,295 | | D | |
| | | - | Table II | | | | | | | | posed of, converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (8) | | | | 6. Date Expirati (Month/ | on Da | | | ties ig e Security | Deriva Securi | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |
| NQ Stock Option (Right to Buy) | \$23.05 | 02/11/2015 | | | M | | | 52,500 | (2) | | 01/28/2020 | Common Stock | 52,500 | 0 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. The price in Table 1 is a weighted average sale price. The sales were at prices ranging from \$55.68 to \$55.72. The Issuer undertakes to provide upon request a detailed breakout of the sale prices and the number of shares sold at each price.
- 2. The option becomes exercisable in four equal annual installments beginning on January 28, 2011.

/s/ Daniel M. Drory, Attorney

In Fact

** Signature of Reporting Person

Date

02/11/2015

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.