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* <u>ANDERSON STEPHEN A.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | eck all appli Direct | tionship of Reporting all applicable) Director Officer (give title below) Sr. Vice | | Person(s) to Issuer 10% Owner Other (specify | |
|---|---|--|---|-----------------|-------------------------------|---|---|----------|--|---------------|-------------------------|--|-------------------------------------|---|--|--|--|--|
| (Last) 12500 TI | (First) (Middle) TI BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2016 | | | | | | | | | | | below) | specify |
| (Street) DALLAS (City) | DALLAS TX 75243 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | | Ta | ble I - N | Non-De | rivativ | ve Se | ecuri | ities Ad | cquire | ed, D | isposed o | of, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | Execution Date, | | n Date, | 3. Transaction Code (Instr. 8) | | | | | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transa (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock 08/08/20 | | | | | /2016 | 16 | | M | | 103,125 | A | \$32.8 | 29 | 2,446 | | D | | |
| Common Stock 08/08/20 | | | | /2016 | 16 | | | S | | 103,125 | D | \$70.0823 | 18 | 189,321 | | D | | |
| | | | Table I | | | | | | | | posed of, , converti | | | 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 Date, if any (Month/Day/Year) | | 4. Transa Code (1 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | .5.1(5) | | |
| NQ Stock Option (Right to | \$32.8 | 08/08/2016 | | | М | | | 103,125 | (2 | 2) | 01/25/2023 | Common Stock | 103,125 | 125 \$0 34 | | '5 | D | |

Explanation of Responses:

- 1. The price in Table 1 is a weighted average sale price. The sales were at prices ranging from \$70.01 to \$70.13. 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 25, 2014.

/s/ Muriel C. McFarling, 08/08/2016 Attorney 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.