FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|--------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | | |

OMB Number: 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|--|---------|---|--|----------|---------------------------------------|---------------------------------------|------|--|--|---|---|---|---|-----------------------------------|--|------------------------------------|
| SANCI | ANCHEZ ROBERT E | | | | | <u> </u> | 10 11 10 | TIC | /IVILII V | 101 | <u>110</u> [1 | 2011 | | X | Directo | r | | 10% Ow | ner |
| (Last) 12500 T | (Fi | , | (Middle) | | | Date o | | Transa | saction (Month/Day/Year) | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) | | | 75234 | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (SI | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | า-Deriv | ativ | e Se | curities | s Acc | quired, | Disp | osed o | f, or Be | nef | icially | / Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Y | | Execution Date | | Date, | Transaction Dispos Code (Instr. 5) | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | 5. Amour Securitie Beneficia Owned F Reported | es ally Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) o (D) |)r 1 | Price | Transact (Instr. 3 | ion(s) | | | ,111301. 4) |
| Common Stock | | | | | | | | | | | | | 16, | 16,316 | | 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. Deemed Execution D if any (Month/Day/ | Date, 7 | 4. Transa Code (8) | | of | | 6. Date Ex Expiratior (Month/Da | Date | | d 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | Cod | Code | e V | (A) | | Date Exercisab | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Stock | (1) | 03/16/2018 | | | Α | | 239.27 | | (2) | | (2) | Common | 23 | 9.27 | \$109.71 | 8,097.11 | (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/ Muriel C. McFarling, **Attorney in Fact**

03/19/2018

** 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.