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 | 0 |
|--|---|
| 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*  PATSLEY PAMELA H |   |  |  |        |          | 2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [ TXN ] |          |      |                                       |  |                  |  |                                      |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner   |  |                                       |  |   |  |
|--|---|--|--|--------|----------|---|----------|------|---------------------------------------|--|------------------|--|--------------------------------------|---|---|--|---------------------------------------|--|---|--|
| (Last) (First) (Middle) 12500 TI BOULEVARD                 |   |  |  |        |          | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2015               |          |      |                                       |  |                  |  |                                      |   |   | give title   |                                       | Other (s<br>below)   |   |  |
| (Street) DALLAS TX 75243                                   |   |  |  |        | 4.1      | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |          |      |                                       |  |                  |  |                                      |   | 6. Individual or Joint/Group Filing (Check Applicable<br>Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                                       |  |   |  |
| (City) (State) (Zip)                                       |   |  |  |        |          |   |          |      |                                       |  |                  |  |                                      |   |   |  |                                       |  |   |  |
|  |   | Tab  | le I - Non   | -Deriv | vativ    | e Se  | curities | s Ac | quired,                               | Disp                                     | osed o           | f, or Be   | neficia                              | lly C                                   | Owned   |  |                                       |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D   |   |  |  |        |          | Execution Date,   |          |      | Code (                                | Transaction Disposed Of (D) (Instr. 3, 4 |                  |  | ed (A) or<br>str. 3, 4 aı            | or 5. Amoul Securitie Beneficia Owned F |   | s<br>illy<br>ollowing  | Form<br>(D) o                         | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |  |        |          |   |          |      | Code                                  | Code V                                   |                  | Amount (A) or (D)  |                                      | - 1                                     | Transaction(s)<br>(Instr. 3 and 4)  |  |                                       |  | (11150.4)   |  |
| Common Stock 01/28/  |   |  |  |        |          | /2015   |          |      | A <sup>(1)</sup>                      |  | 1,853            | ,853 A   |                                      |   | 25,146  |  |                                       | D  |   |  |
|  |   | -  | Fable II - I   |        |          |   |          |      | uired, D<br>, option                  |  | ,                |  |                                      | y Ov                                    | vned  |  |                                       |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Yo | Date,  | Code (In |   |          |      | 6. Date Ex<br>Expiration<br>(Month/Da | Date                                     |                  | and 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                                      | Derivat<br>Securit                      |   | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | re<br>es<br>ally<br>g<br>d<br>tion(s) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |  |
|  |   |  |  |        | Code     | v   | (A)      | (D)  | Date<br>Exercisab                     |  | xpiration<br>ate | Title  | Amoun<br>or<br>Numbe<br>of<br>Shares |   |   |  |                                       |  |   |  |
| NQ Stock<br>Option<br>(Right to<br>Buy)                    | \$53.94   | 01/28/2015                                 |  |        | A        |   | 10,539   |      | (2)                                   | 0  | 1/28/2025        | Common<br>Stock  | 10,539                               | 9                                       | \$0   | 10,53  | 9                                     | D  |   |  |

## **Explanation of Responses:**

- 1. Award of restricted stock units granted under the Texas Instruments 2009 Director Compensation Plan.
- $2. \ The \ option \ becomes \ exercisable \ in \ four \ equal \ annual \ installments \ beginning \ on \ January \ 28, \ 2016.$

/s/ Cynthia H. Grimm, Attorney 01/30/2015 In Fact

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  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.