FORM 5

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(h)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

or Section 30(h) of the Investment Company Act of 1940																			
Name and Address of Reporting Person* DELFASSY GILLES				2. Issuer Name and Ticker or Trading Symbol TEXAS INSTRUMENTS INC [TXN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
DELITASS I GILLES																			
(Last) (First) (Middle)					Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						Year)	X	X Officer (give title below)			belo	w)`		
12500 TI BOULEVARD			,	12/31/20	12/31/2007						Former Sr. Vice President								
12500 II BOULEVARD																			
(Street)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
DALLAS TX 75243											X	Form	filed by O	ne Re	porting Pe	erson			
				,									Form	all applicable) Director 10% Owner Officer (give title below) Former Sr. Vice President Idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person Owned Amount of eccurities leneficially owner bisuer's Fiscal ear (Instr. 3 and) 156,179 D 17. Nature of Indirect Beneficial Ownership (Instr. 4) Indirect (I) (Instr. 4) ITI France Savings Plan Vined TI France Savings Plan Vined Owner hip Form: Direct (D) or Indirect Beneficial Ownership (Instr. 4) Itio Ownership (Instr. 4)					
(City) (State) (Zip)													Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				Securit Benefic		es ally	Ownership Form: Direct		Indirect Beneficial			
								Amoui	nt	(A) or (D)	or Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I)				
Common Stock													156,179			D			
Common Stock											1,72		27.46 ⁽¹⁾		I	Savings			
																ridii			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed)	Expir	te Exerc ation Da th/Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned	ly C	Ownershi Form: Direct (D) or Indirec	of Indirect Beneficial Ownership t (Instr. 4)		
				(A) (I		(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

1. Estimated shares attributable to the Texas Instruments France Company Savings Plan as of 1-18-2007, date reporting person ceased being an insider. (Interests in this account are denominated in units. Consequently share amount shown is an estimate).

Remarks

All data on the form reflects ownership as of 1-18-2007, date reporting person ceased being an insider.

s/ Daniel M. Drory, Attorney In Fact 02/14/2008

** 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.