FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| vvasimigton, | D.C. | 20040 | |
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| | OMB APPRO | VAL | | | | | | |
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| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BILODEAU STEVEN J | | | | | | 2. Issuer Name and Ticker or Trading Symbol COHU INC [COHU] | | | | | | | | heck all a | ship of Reportir applicable) rector | , | | | |
|--|--|--|--|--|-------|--|---------|--|------------------|---|--------------------|--------------------------------------|---|---|--|---|------------------------------|---|--|
| (Last) (First) (Middle) 12367 CROSTHWAITE CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2014 | | | | | | | | | | ficer (give title low) | | Other (below) | (specify |
| (Street) POWAY CA 92064 (City) (State) (Zip) | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fo | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | lly Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | d 5) Sed Ber Ow | mount of urities eficially ned Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code V Amount (A) or (D) | | | | Price | Tra | orted nsaction(s) tr. 3 and 4) | | | (Instr. 4) | | | | |
| Common | Stock | | | 06/27/ | /2014 | | | | A | | 1,490.61 | L ⁽¹⁾ | A \$ | | 00 6 | 60,269.42(2) | | D | |
| | 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. Deeme Execution if any (Month/Day | n Date, T | | ransaction Code (Instr. | | | | 6. Date Exercis Expiration Date (Month/Day/Ye | | or | | etr. 3 ount | 8. Price of Derivative Security (Instr. 5) | | Ov Fo Dii or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of Sha | res | | | | | |

Explanation of Responses:

- 1. Grant of Phantom Stock in the form of Deferred Stock Units (DSUs) for payment of Director Fees. Each DSU is equal to one share of Cohu, Inc. Common Stock and will be settled through the issuance of common stock upon reporting person's termination of service as a director.
- 2. Includes 7,500 Restricted Stock Units (RSUs) and 31,969.42 Deferred Stock Unites (DSUs). Each RSU represents a contingent right to receive one share of Cohu, Inc. Common Stock upon vesting (assuming continued service to the Board). Each DSU is equal to one share of Cohu, Inc. Common Stock and will be settled through the issuance of common stock upon the reporting person's termination of service as a director.

Remarks:

<u>Jeffrey D. Jones, by Power of Attorney</u>

07/01/2014

** 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.