FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1/h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response	e: 0.5							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Pangrazio Vincent P				2. Issuer Name and Ticker or Trading Symbol SITIME Corp [SITM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u> 1 angra</u>	ZIO VIIICC	<u> </u>							-	•					Direc			10% Ov	
,														1	Office belov	er (give title v)		Other (s	specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									See R	emar	ks		
C/O SITIME CORPORATION			11/20/2024																
5451 PATRICK HENRY DR.																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Line)					
SANTA	CA	. 9	5054											1		filed by On		•	
CLARA															Form Perso	filed by Mo	re thai	n One Repo	orting
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acc	quired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of	Security (Inst	r. 3)		2. Transact	ion		eemed		3.		4. Securities				5. Amo				7. Nature
Date (Month/Day						Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			4 and Securit Benefic					of Indirect Beneficial					
		(Mor		(Mont	(Month/Day/Year)		8)							Ownership (Instr. 4)					
									Code	٧	Amount	(A) c (D)	Pric	е	Transa	ction(s) 3 and 4)			(
Common Stock 11/20/20				024				F		3,120	D	\$20	8.67	69	,042(1)		D		
		Tal	ble II -	- Derivati	ive Se	curit	ties A	Acqu	ired,	Disp	osed of,	or Be	nefic	ally	Owne	d			
											convertib								
1. Title of	2.		A. Deemed			5. Number		6. Date Exercisable and 7. Title and				8. Price of		9. Number of		10.	11. Nature		
Derivative Conversion Date Security or Exercise (Month/Day/Y		Date (Month/Day/Year)	Execution Date (fear) if any		on Date, Transa Code (of Derivative		Expiration Date (Month/Day/Year)				Amount of Securities		rivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial
			n/Day/Year)	8)			Securities		Underlyin Derivative				(In:	str. 5)			Direct (D) or Indirect	Ownership (Instr. 4)	
	Security			(A		Acquired (A) or		Security (Ins			rity (Inst	tr.		Following	Following ((111501. 4)		
							Disposed of (D)			3 8			3 and 4)			Reported Transaction(s)	n(s)		
					(Instr. 3, 4 and 5)								(Instr. 4)						
					unu 3)				 		Amour								
													or						
									Date		Expiration		Numbe	r					
					Code	۱v	(A)	(D)	Exerci	sable	Date	Title	Shares						

Explanation of Responses:

1. Includes an aggregate of 49,538 shares of common stock issuable pursuant to previously reported restricted stock units and performance-based restricted stock units and that have not vested.

Remarks:

EVP, Chief Legal Officer & Corporate Secretary.

Samsheer Ahamad, Attorneyin-fact

11/21/2024

** Signature of Reporting Person

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.