FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| 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 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Pangrazio Vincent P | | | | | 2. Issuer Name and Ticker or Trading Symbol SITIME Corp [SITM] | | | | | | | | Check | all app | ship of Reporting applicable) irector fficer (give title | | rson(s) to Is 10% Ov Other (s | wner | |
|--|--|--|------------------------------|--|--|--|------------------|---|---|---|-------------|---|---------|--|--|--|--|------------|--|
| (Last) (First) (Middle) C/O SITIME CORPORATION 5451 PATRICK HENRY DR. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2021 | | | | | | | | X | belov | | emai | below)`rks | |
| (Street) SANTA CLARA | SANTA CA 95054 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | . Indivine) | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Sta | | Zip) | lan Davina | 4: | tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | n 2A. Deemed Execution Date, | | е, | 3. 4. Securities | | Acquired (A) or (D) (Instr. 3, 4 and 5) (A) or (D) Price | | | 5. Amount of | | Forn (D) c | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock 11/29/202 | | | | | 21 | | | | S | | 1,755(1) | D | \$314.2 | 27 ⁽²⁾ | 79 | ,898(3) | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp (Mo | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Derivative do Security (Instr. 5) B O Fe | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 automatic trading plan adopted by the Reporting Person.
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$310.00 to \$317.50 per share, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. Includes an aggregate of 74,675 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.

Remarks:

EVP, Chief Legal Officer & Corporate Secretary

Samsheer Ahamad, Attorneyin-fact

** Signature of Reporting Person

Date

11/29/2021

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.