FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

| | tion 1(b). | | | Filed | | | | | | | es Exchang npany Act o | | f 1934 | | Liloui | s per re | esponse: | 0.5 | |
|---|---|--|-----------------|------------------------------|---|--------|---|-----|-----------------------|--|---------------------------|---|---|--|-----------------------------|----------|--|--|--|
| Name and Address of Reporting Person* Assaderaghi Fariborz | | | | | 2. Issuer Name and Ticker or Trading Symbol SITIME Corp [SITM] | | | | | | | | Check all a | ship of Report applicable) rector ficer (give title | | | n(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) C/O SITIME CORPORATION 5451 PATRICK HENRY DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2022 | | | | | | | | See Remarks | | | | | | |
| (Street) SANTA CLARA (City) | CA (Sta | | 5054 Zip) | | Line | | | | | | | | | ine) X Fo | · | | | | |
| | | Table | I - Nor | า-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially Ov | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | Transaction Disposed (Code (Instr. 5) | | ies Acquired (A Of (D) (Instr. 3, | | and Sec Ben Owi | mount of urities eficially ned Following orted | Forn (D) (| wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Price | Trai | rsaction(s) tr. 3 and 4) | | | , , | |
| Common Stock 03/16/ | | | | | /2022 | | S | | 946(1) | 1) D : | | 10 1 | 0 125,670 ⁽²⁾ | | D | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | ied | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | Instr. | on of of str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/li | | | Amount of Securities Underlying Derivative Security (In: 3 and 4) Amount of Management of Security (In: 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | | ly | 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. Includes an aggregate of 125,670 shares of common stock issuable pursuant to the performance-based restricted stock units and previously reported restricted stock units that have not vested.

Executive Vice President, Engineering & Technology

Samsheer Ahamad, Attorneyin-fact

03/18/2022

** 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.