Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, I | D.C. 20549 |  |
|---------------|------------|--|
|---------------|------------|--|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | <b>OWNERSHIP</b> |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5     |                                    |                  |
| obligations may continue. See       |                                    |                  |

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   |  |         |                              |   |             |   |                                |   |                 |      |  |                   |                 |   | neck all app<br>Direct<br>Office   | tor<br>er (give title                       |   | 10% Ov<br>Other (s   | vner      |  |
|---|--|---------|------------------------------|---|-------------|---|--------------------------------|---|-----------------|------|--|-------------------|-----------------|---|--|---|---|--|-----------|--|
| (Last)  | Last) (First) (Middle)<br>C/O SITIME CORPORATION |         |                              |   |             | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2021   |                                |   |                 |      |  |                   |                 | 1   | See Remarks  |   |   |  |           |  |
| 5451 PA   | TRICK HE   | NRY DR. |                              |   |             |   |                                |   |                 |      |  |                   |                 |   |  |   |   |  |           |  |
| (Street) SANTA CLARA  | CA   |         | 5054                         |   | 4. If A     | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |                                |   |                 |      |  |                   |                 | Line  | Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |           |  |
| (City)  | (Sta   | ate) (2 | Zip)                         |   |             |   |                                |   |                 |      |  |                   |                 |   |  |   |   |  |           |  |
|   |  | Table   | I - Nor                      | n-Deriva                                | tive S      | Secu  | rities                         | Acq   | uired,          | Dis  | posed of   | , or I            | Bene            | eficia  | lly Own  | ed  |   |  |           |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da  |  |         |                              |   | Execution [ |   | Date, Transaction Code (Instr. |   |                 |      |  | (A) or<br>3, 4 an | Benefi          | ties<br>cially<br>Following                         | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |           |  |
|   |  |         |                              |   |             |   |                                |   | Code            | v    | Amount   | (A)<br>(D)        | or              | Price   | Transa   | ction(s)<br>3 and 4)                        |   |  | (11150.4) |  |
| Common Stock 04/15/2  |  |         |                              |   | 2021        |   | S <sup>(1)</sup>               |   | 150             | D :  |  | \$100             | 107,570(2)      |   | D  |   |   |  |           |  |
|   |  | Tal     |                              |   |             |   |                                |   |                 |      | osed of, o   |                   |                 |   |  | d   |   |  |           |  |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) Price of Derivative Security |  | if any  | med<br>on Date,<br>Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |             | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                                | 6. Date Exerci<br>Expiration Da<br>(Month/Day/Y |                 | te   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (In:<br>3 and 4) |                   | ,               | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4)                         | Owne<br>Form<br>Direc<br>or Inc<br>(I) (In: | nership   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |  |
|   |  |         |                              |   | Code        | v   | (A)                            | (D)   | Date<br>Exercis | able | Expiration<br>Date   | Title             | or<br>Nun<br>of | - 1   |  |   |   |  |           |  |

## **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 106,500 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 04/19/2021

\*\* 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.