FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549		

OMB APPROVAL											
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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(b).

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-

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(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 Remarks									
C/O SITIME CORPORATION				08/20/2024																	
5451 PATRICK HENRY DR.																					
				4. If Amendment, Date of Original Filed (Month/Day/Year))	6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Line)	Line)						
SANTA	CA	. 9	5054											1		filed by On		•			
CLARA															Form filed by More than One Reporting Person						
,															. 0.0.						
(City)	(Sta	ate) (Z	Zip)																		
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acc	uired	l, Dis	posed of	, or E	Benefi	cially	/ Own	ed					
1. Title of	Security (Inst	r. 3)		2. Transact					4. Securities Acquired (A)									7. Nature			
Date (Month/Day			/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4)			ıstr. 3, 4	Benefic		cially (D)) or Indirect	of Indirect Beneficial						
					(Mont	:h/Day/	Year)	8)		T T			Report	ed (''`			Ownership (Instr. 4)				
								Code	v	Amount	(A) o (D)	Pric			action(s) 3 and 4)						
Common Stock 08/20/20				2024				F		3,117	D	\$13	39.26 73,283 ⁽¹⁾		,283(1)	D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
											convertib										
1. Title of	3A. De		4.			5. Number		6. Date Exercisable and 7. Title and				8. Price of		9. Number of		10.	11. Nature				
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Transa Code (of Derivative		Expiration Date (Month/Day/Year)			Amount of Securities			rivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(Month	n/Day/Year)	8)		Securities		Unde			Unde			nstr. 5) Beneficial				Ownership (Instr. 4)			
Security						Acquired (A) or		Derivative Security (Ins			rity (Inst	tr.		Following	Following ((I) (Instr. 4)	(111511.4)				
						Dispose of (D) (Instr. 3 and 5)			d			3 and 4)				Reported Transaction(s)	n(s)				
								(Instr. 3, 4								(Instr. 4)					
							and	,			1		Amount								
													or								
									Date		Expiration		Numbe of	r							
					Code	١v	(A)	(D)	Exerci	sable	Date	Title	Shares								

Explanation of Responses:

1. Includes an aggregate of 55,684 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

08/22/2024

** 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.