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(b)

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* MICHAELS KIMON | | | | | | 2. Issuer Name and Ticker or Trading Symbol PDF SOLUTIONS INC [PDFS] | | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|---|-----|--|---|---|----|--|--|---|--|--|-------------------|---------------------------|---|--|--------------------------------------|--|--|
| (Last) (First) (Middle) 2858 DE LA CRUZ BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2020 | | | | | | | | | - | helov | Officer (give title below) be EVP of Products and Social Control of the Control o | | | specify ns |
| (Street) SANTA CLARA | SANTA CA 95050 | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| (City) | (Sta | ate) (Z | ip) | | | | | | | | | | | | Perso |)II | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | (A) or 3, 4 an | Benefic Owned | ies Formicially (D) (I) (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) |
| Common Stock 08/01/2 | | | | | | 2020 | | | A ⁽¹⁾ | | 484(1) | A | 1 | \$0 ⁽¹⁾ | 10 | 105,269 | | | By Spouse |
| Common Stock | | | | | | | | | | | | | | 1,4 | 1,466,959 | | 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) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) | | | Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | | | Date Exercisable | | Expiration Date | Title | Num of Sha | - 1 | | | | | |

Explanation of Responses:

1. This represents an award of Restricted Stock Units (Total Shares). 12.5% of the Total Shares shall vest on the date that is six months from the Vesting Start Date and 12.5% of the total shares shall vest on each date that is six (6) months thereafter until fully vested, subject to the Recipient's continued services through each applicable vesting date.

/s/ Kimon Michaels

08/04/2020

** 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.