FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## 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

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1. Name a	2. Issuer Name <b>and</b> Ticker or Trading Symbol PDF SOLUTIONS INC [ PDFS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Raza Adnan						, ,									Direc			10% Ov	-	
(Last)	3. Date of Earliest Transaction (Month/Day/Year)									X	belov	,		Other (s below)						
2858 DE	08/01/2023									EVP, FINANCE AND CFO					)					
2030 DE	4. If Amondment, Date of Original Filed (Month/Day/Mass)								c)	C. Individual or Jaint/Croup Filips (Charles Armire Lie										
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form filed by One Reporting Person						
SANTA	CA	. 9	5050											Form filed by More than One Reporting						
CLARA	CLARA														Person					
(City)	Rule 10b5-1(c) Transaction Indication																			
(=.5)																				
											saction was r ions of Rule 1					truction or wr	itten pi	an that is into	enaea to	
		<u> </u>																		
		Table	l - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or I	3enefi	ciall	y Owr	ned				
1. Title of	Security (Ins	tr. 3)		2. Transacti	Execution Date,			3. 4. Securities Acquired (A									7. Nature			
				Date (Month/Day)				ate,	Transaction Disposed Of ( Code (Instr. 5)		Of (D) (Instr. 3, 4 and		and	nd Securities Beneficially			of Indirect Beneficial			
				(		(Month/Day/Year)						Own		d Înc		direct (I)	Ownership (Instr. 4)			
											(A)	or I		Repor	ted		13(1.4)	(1130.4)		
									Code	v	Amount	(D)	O Prid	e	Transaction(s) (Instr. 3 and 4)					
Common Stock 08/01/20						023		F		7,438(1)	D <sup>(1)</sup> \$4		5.83	.83 84,359 <sup>(2)</sup>			D			
Common	023			Г				ΙΨ	J.03											
		Tab	le II ·	- Derivativ											Owne	ed				
				(e.g., pu	ts, cal	ls, v	varra	ınts,	option	ıs, c	convertib	le se	curitie	es)						
1. Title of	2.	3. Transaction		eemed	4.		5.		6. Date Exercis			7. Titl			Price of 9. Number				11. Nature	
Derivative Security	urity or Exercise (Month/Day/Year) if any		Transaction Code (Instr.								Amount of Securities		ivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3)				8)		Derivative		`			Unde	Underlying		tr. 5)	Beneficiall	y  ı	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
					Securities Acquired (A) or				Deriva Securi					Owned Followi Report Transa						
								(Inst			(Instr	Instr. 3 and 4)				n(e)				
						Disposed of (D)									(Instr. 4)	11(3)	'			
						(Instr. 3, 4 and 5)														
							<i>.</i>	$\vdash$			<del>                                     </del>	Amoun								
													or							
									Date		Expiration	Numbe		r						
				Code	v	(A)	(D)	Exercis	able	Date	Title	Shares				- 1				

## Explanation of Responses:

- 1. This represents a disposition of shares to the Company to satisfy tax withholding obligations with respect to the vesting of restricted stock units. This is not a sale of shares in the market.
- $2. \ Includes \ 173 \ shares \ of \ common \ stock \ that \ were \ purchased \ on \ July \ 31, \ 2023 \ under \ the \ PDF \ Employee \ Stock \ Purchase \ Plan.$

/s/ Adnan Raza

08/03/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.