FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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hours per response:	0.5								

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

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. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer						
Sievers Kurt						NXP Semiconductors N.V. [ NXPI ]								`	Check all applicable)  X Director			10% Ov	<sub>vner</sub>	
(Last) (First) (Middle) C/O NXP SEMICONDUCTORS N.V.							3. Date of Earliest Transaction (Month/Day/Year) 10/27/2023												specify	
HIGH TECH CAMPUS 60						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
						4. II Americinetti, Date di Original Filed (Montili/Day/Teal)								Line)						
(Street) EINDHOVEN P7 5656AG															X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Tab	le I - No	n-Deriv	/ative	Sec	urit	ies Ac	quired	, Dis	sposed o	of, or Be	enefic	ially	Owned	ł				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Da			3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securi Benefi Owned		ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Pric	e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 10/27/					/2023	2023					8,258	A		\$ <del>0</del>	164,715.33			D		
Common	ommon Stock 10/27/2				/2023				F		4,255	D \$179.		9.56	6 160,460.3363			D		
		7	able II								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transa Code (I 8)	ction	5. Number of			xercis	sable and e	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O Fe Di OI	LO. Dwnership Form: Direct (D) Direct (D) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amor or Numl of Share	ber						
Restricted Stock Unit	(1)	10/27/2023			M			8,258	(2)		10/27/2023	Common	8,25	58	\$0	0		D		

## Explanation of Responses:

- 1. Each Restricted Stock Unit represents the conditional right to receive one share of common stock.
- 2. The Restricted Stock Units vest in three equal annual installments on the anniversary of the 10/27/2020 grant date (subject to the terms of the reporting person's award agreement).

## Remarks:

/s/ Kurt Sievers by Timothy Shelhamer under Power of

\*\* Signature of Reporting Person

<u>Attorney</u>

10/30/2023

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.