Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| | | 16 | | | | |
|-------|--|--------------|--|---------------------|-----------------|--|
| /EN | IT OF CHANGES IN BENEFICIAL OWN | 11 | OMB Number: 3235-024 Estimated average burden | | | |
| Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | hours per response: | 0.5 | |
| | 2. Issuer Name and Ticker or Trading Symbol NXP Semiconductors N.V. [NXPI] | (Check all a | | , | lssuer Owner | |

| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol <u>NXP Semiconductors N.V.</u> [NXPI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------------------|---------|------------------|---|--|---|-----------------------|--|--|
| | <u>Kaeser Josef</u> | | | | X | Director | 10% Owner | | |
| | | (First) | (Middle) N.V. | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2021 | | Officer (give title below) | Other (specify below) | | |
| HIGH TECH CAMPUS 60 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicable | | | |
| | (Street) | | | | X | Form filed by One Repo | orting Person | | |
| | EINDHOVEN | P7 | 5656AG | | | Form filed by More thar Person | One Reporting | | |
| | (City) | (State) | (Zip) | | | | | | |

STATEMENT OF

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | Instr. 3) 2. Transaction Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|---|--|---|---|------------------------------------|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 12/01/2021 | | S | | 4,700 | D | \$233.9 | 10,007 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | Expiration Date (Month/Day/Year) | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Josef Kaeser by Dr. Jean

A.W. Schreurs under Power of 12/03/2021

<u>Attorney</u>

** 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.