FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | ES IN BENE | EFICIAL C | WNERS | HIP |
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|-----|--|---|---|--|-----------------------------------|----------|--|--|--------|---------------------|--|---|---|---|---|---------------|--|---------------------------------------|
| Name and Address of Reporting Person* Olving Lena | | | | | 2. Issuer Name and Ticker or Trading Symbol NXP Semiconductors N.V. [NXPI] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | X Direct | or | | 10% O | wner | |
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2020 | | | | | | | | \neg | Office below | r (give title | | Other (s | specify | | |
| C/O NXP SEMICONDUCTORS N.V. | | | | | | | | | | | | | | | | | | | |
| HIGH TECH CAMPUS 60 | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | - 1 | - / | filed by One | e Reno | orting Perso | n l |
| EINDHOVEN P7 5656AG | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Sec | uriti | ies Ac | quired | , Dis | sposed o | of, c | or Ber | neficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Transaction Disposed Code (Instr. | | ties Acquired (A) o d Of (D) (Instr. 3, 4 a | | | Benefic | ies cially Following | Form (D) o | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | Price | Transa | nsaction(s) str. 3 and 4) | | | (111501.4) |
| Common Stock 05/27. | | | | /2020 | 2020 | | M | | 1,749 | | A | \$0 | 1 | 1,749 | | D | | | |
| Common Stock 05/27/2 | | | /2020 | | | | F | | 866 D \$1 | | \$102. | 01 883 | | D | | | | | |
| | | Т | 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Insti | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | | Amount or Number of Shares | | | | | |
| Restricted | (1) | 05/27/2020 | | | M | | | 1,749 | (2) | | (2) | Con | mmon | 1,749 | \$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 100% on the earlier of the first anniversary of the 10/29/2019 grant date and the date of the next annual general meeting of shareholders of NXP Semiconductors N.V.

Remarks:

Stock Unit

/s/ Lena Olving by Dr. Jean A.W. Schreurs under Power of 05/29/2020 <u>Attorney</u>

** Signature of Reporting Person Date

Stock

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.