FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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).

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* BRONSON JOSEPH R | | | | | 2. Issuer Name and Ticker or Trading Symbol PDF SOLUTIONS INC [PDFS] | | | | | | | | | heck all app | onship of Reporting Ill applicable) Director | | rson(s) to Is 10% Ov | | |
|--|--|--|--------------------------|---|--|---------------------------|--|---|---|--|--|------------|---|--|---|---|--|---|-------------|
| (Last) | (Fir | st) (N | ⁄liddle) | _ | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | | | Offic belov | er (give title v) | | Other (s below) | specify |
| 2858 DE LA CRUZ BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) | | | | oplicable | |
| (Street) SANTA CLARA | NTA CA 95050 | | | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | | Zip) | | □ (s | Check to atisfy the | his box he affin | -1(c) Transaction Indication ox to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intendifirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or 3, 4 a | nd Securi Benefi | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | action(s) 3 and 4) | | | (111501. 4) |
| Common Stock 07/01 | | | | | 2024 | | | A ⁽¹⁾ | | 4,382(1) | 1) A | | (1) | 3 | 30,838 | | D | | |
| | | Tal | ole II - Deriv (e.g., | | | | | | | | osed of, onvertib | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise of (Month/Day/Year) if any Code (Ins (Month/Day/Year) 8) | | | of Deriv | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti | | f nstr. | 8. Price of Derivative Security (Instr. 5) | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nur of | ount mber ares | | | | | |

Explanation of Responses:

1. These shares represent an award of Restricted Stock Units (Total RSU) under the Company's Director Compensation Program. 1/12th of the Total RSU shall vest on the grant effective date and 1/12th of the Total RSU shall vest monthly thereafter until fully vested, subject to the Recipient's continued service through each applicable vesting date.

/s/ Adnan Raza, Attorney-in-Fact for Joseph Bronson

07/02/2024

** 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.