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

that a transaction was made

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OF SECURITIES

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

| continue. See Instruction 1(b). | washington, D.C. 2034) |
|---------------------------------|---|
| ☐ Check this box to indicate | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |

| pursuant to a con instruction or wri intended to satisf affirmative defen of Rule 10b5-1(c Instruction 10. | tten plan that y the se condition | | | | | | | | | | | | | |
|---|--|-------------|--|------------------------|----------------------------|---|-------------------------|--|---|--|---|---------------------------------------|---|-------------|
| ☐ Form 3 Holdings Reported ☐ Form 4 Transactions Reported Filed | | led nurs | d pursuant to Section 16(a) of the Securities Exchange | | | | | | | or | | | | |
| | | | Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| 1. Name and Add | dress of Repo | orting Pers | son * | 2. 1 | Issuer Nam | e and Ticker | r or Trading | g Symbo | ol . | 5. Relationship (Check all appl | | ing Persor | n(s) to Iss | uer |
| MATZ MAR | ILYN | | | Tl | ERADYN | NE, INC [| TER] | | | |) | | | |
| (Last) | (First) | (Mid | ldle) | | Statement f M/DD/YYYY) | | iscal Year I | Ended | | X Director Officer (give | title below) | | % Owner ner (specify l | below) |
| C/O TERAD RIVERPARI | | | | | | 12/31 | 1/2023 | | | | | | | |
| | (Street | t) | | 4.] | If Amendm | ent, Date Or | iginal Filed | d(MM/DD | YYYY) | 6. Individual or | Joint/Gro | oup Filing(| Check Appl | icable Line |
| NORTH REA | | | | | | | | | | X_ Form Filed by Form Filed by I | | | Person | |
| (Ci | ity) (State | | | | | | | | | | | | | |
| 1.Title of Security | | | | Non-Der | 2A. Deemed | 3. Trans. Cod | | osed of ities Acqui | | eneficially Owned | | v Owned | 6. | 7. Nature |
| (Instr. 3) | curity 2. Tr | | ans. Date | Execution Date, if any | (Instr. 8) | or Dispo | osed of (D) 4 and 5) | icu (A) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownership Form: Direct (D) | | | | | |
| | | | | | | | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | | 12 | /18/2023 | | L | 12.342 | A | \$104.9 | | | 14,312.342 | D | |
| Table 1 | II - Derivati | ive Securi | ties Acqu | ired, Di | sposed of, | or Beneficia | lly Owned | (<i>e.g.</i> , p | uts, ca | lls, warrants, opt | ions, conv | vertible se | curities) | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Execu | 3A. Deemee Execution Date, if any | Code | Deriva Acquir Dispos | mber of attive Securities red (A) or sed of (D) 3, 4 and 5) | and Expirati | i. Date Exercisable nd Expiration Date MM/DD/YYYY) | | and Amount of ies Underlying tive Security 3 and 4) | 8. Price of Derivative Security (Instr. 5) | | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
| | | | | | (A) |) (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | Issuer's Fiscal Year (Instr. 4) | (I) (Instr. 4) | |
| Explanation of | Responses: | | | | | | | | | | | | | |

Reporting Owners

| Panorting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | hips rOfficer | Other | | | | |
| MATZ MARILYN C/O TERADYNE, INC. 600 RIVERPARK DRIVE NORTH READING, MA 01864 | X | | | | | | | |

Signatures

/s/ Ryan E. Driscoll, Attorney-in-Fact 2/13/2024 Date **Signature of Reporting Person

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 control number.