

□ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ 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. OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 (Check all applicable)				
Wood John Francis	TERADYNE, INC [TER]					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Director 10% Owner X Officer (give title below) Other (specify below)				
600 RIVERPARK DRIVE	1/29/2024	President, System Test Group				
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
NORTH READING, MA 01864 (City) (State) (Zip)	_	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				

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

				T .))	· · · · · · · · · · · · · · · · · · ·		
1.Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Code		4. Securities Acquired (A)			5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8)	(Instr. 8) or Disposed of (D))	Following Reported Transaction(s)	Ownership	of Indirect	
		Date, if any		(Instr. 3, 4 and 5)			(Instr. 3 and 4)		Beneficial	
										Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Common Stock	1/29/2024		F		378 ⁽¹⁾	D	\$106.07	7,680.7173	D	
			•		•			•	•	•

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

						•		0.1	-						
1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C	Code	5. Number	of	6. Date Exe	rcisable	7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	and Expirati	ion Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A) or	-		Deriv	ative Security	Security	Securities	Form of	Beneficial
· · ·	Price of		-			Disposed o	f (D)			(Instr.	. 3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4	and 5)						Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
	-				I			-					Reported	or Indirect	
								Date	Expiration	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Exercisable	Date	11110	Shares		(Instr. 4)	4)	

Explanation of Responses:

(1) Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of restricted stock units on January 29, 2024.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Wood John Francis							
600 RIVERPARK DRIVE			President, System Test Group				
NORTH READING, MA 01864							

Signatures

/s/ Ryan E. Driscoll, Attorney-in-Fact	1/31/2024		
**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 control number.