**1. Name and Address of Reporting Person**

TUFANO PAUL J  
TERADYNE, INC.  
600 RIVERPARK DRIVE  
north reading MA 01864

**2. Issuer Name and Ticker or Trading Symbol**

TERADYNE, INC [TER]

**3. Date of Earliest Transaction (Month/Day/Year)**

06/30/2023

**4. If Amendment, Date of Original Filed (Month/Day/Year)**


**5. Relationship of Reporting Person(s) to Issuer**

X Director  
10% Owner  
Officer (give title below)  
Other (specify below)

**6. Individual or Joint/Group Filing (Check Applicable Line)**

X Form filed by One Reporting Person  
Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/30/2023</td>
<td></td>
<td>A</td>
<td>401(A)</td>
<td>55,387</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

**Explanation of Responses:**

1. Represents the Reporting Person's deferral of his quarterly cash compensation into DSUs. DSUs are settled one-for-one in Common Stock generally within ninety days of the date as of which a non-employee director no longer serves in such capacity.

/s/ Ryan E. Driscoll, Attorney-in-Fact  07/05/2023

**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).


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.