FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* PAUL GERALD						2. Issuer Name and Ticker or Trading Symbol VISHAY INTERTECHNOLOGY INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ITIOL	CLICALL	2			VS	H]									X Directo	or		10% Ov	vner	
(Last)	(Fi	rst) (Middle)			-								_ :	X Officer below)	er (give title v)		Other (specify below)		
C/O VISHAY INTERTECHNOLOGY, INC.						3. Date of Earliest Transaction (Month/Day/Year)									President and CEO					
63 LANCASTER AVENUE				01/	01/01/2017															
OF ENTIRENCE AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)						4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)					
MALVERN PA 19355-2120			20											Form filed by One Reporting Person						
				-											Form filed by More than One Reporting Person					
(City)	(S	tate)	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date							tion 2A. Deemed					ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amount of 5) Securities		6. Ownership Form: Direct		7. Nature of Indirect	
(Month/Day						y/Year) if any (Month/Day/Yea			Code (Instr. r) 8)							Following (i) (I			Beneficial Ownership	
									Code	v	Amount	Amount (A) C		Price		rted action(s) .3 and 4)			(Instr. 4)	
Common Stock 01/01/2					/2017	2017		F		15,464	15,464 ⁽¹⁾ D \$		\$16.2	5 235	235,755		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., p	uts,	calls	, warr	ants	, optioi	าร, ต	converti	ble se	curiti	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Expiration (Month/Da	Date		Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date	.	Expiration		or Nu of	nount mber						
					Code	٧	(A)	(D)	Exercisat	le [Date	Title	Sha	ares			_			
Phantom Stock Unit	(3)	01/01/2017			A		5,000		(3)		(3)	Commo Stock	¹ 5,	000	\$0	77,344 ⁽²	2)	D		

Explanation of Responses:

- 1. Payment of tax liability by withholding shares of common stock incident to the vesting of such previously issued time-based restricted stock units.
- 2. Total shares include additional units granted as dividend equivalents on each date that a dividend was paid on Vishay's common stock.
- 3. Each phantom stock unit is the economic equivalent of one share of common stock. The common stock underlying these awards is not received until the termination of employment.

/s/ David L. Tomlinson as attorney-in-fact for Gerald Paul 01/04/2017

** 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.