

**Report of Organizational Actions  
 Affecting Basis of Securities**

▶ See separate instructions.

**Part I Reporting Issuer**

1 Issuer's name <b>Microchip Technology Incorporated</b>		2 Issuer's employer identification number (EIN) <b>86-0629024</b>	
3 Name of contact for additional information <b>Gary W. McDaniel</b>	4 Telephone No. of contact <b>480-792-7200</b>	5 Email address of contact <b>gary.mcdaniel@microchip.com</b>	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact <b>2355 W. Chandler Blvd.</b>		7 City, town, or post office, state, and Zip code of contact <b>Chandler, AZ 85224</b>	
8 Date of action <b>2018</b>	9 Classification and description <b>Dividends on Common Stock</b>		
10 CUSIP number <b>595017104</b>	11 Serial number(s)	12 Ticker symbol <b>MCHP</b>	13 Account number(s)

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **Distributions to shareholders paid on:**  
**September 4, 2018 in the amount of \$0.3640 per share.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **100% of the distribution described above represents a taxable dividend.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **As described above, Microchip Technology Incorporate has determined that of such distributions described above, 100% will be treated as a taxable dividend under Section 301(c)(2).**

Payment Date	Total Per Share Distribution	Taxable Dividend	Return of Capital
09/04/2018	\$0.3640	\$0.3640	\$0.00

**Part II Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶  
**Internal Revenue Code Sections 301(c)(2) and 301(c)(3)**

Blank lined area for listing Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ n/a

Blank lined area for providing information on loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ 2018

Blank lined area for providing other necessary information.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature ▶ [Handwritten Signature] Date ▶ 1/2/19  
Print your name ▶ J. Eric Bjornholt Title ▶ Vice President, CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			