FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimigton, | D.C. | 20343 | |
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| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
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|---|-------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burde | en | | | | | | | | |
| - | hours per response. | 0.5 | | | | | | | | |

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

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* <u>Holland Julie</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD] | | | | | | | | | ck all applica | tionship of Reporting all applicable) Director | | n(s) to Issu | | |
|--|---|------------|--|-----------------------|---|---|-----|--|-----------------------|--|--|------------------------|---|--|--|--|--|--------------------------------|------------|
| (Last) (First) (Middle) 4949 HEDGECOXE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2011 | | | | | | | | | below) | Officer (give title below) VP WW Ana | | Other (s below) Products | pecify |
| SUITE 200 (Street) PLANO TX 75024 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) | (Zip) | Dorivet | in S | o o u riti | | | irod F | | - Cood | of or | Pone | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | | 2. Transac Date | | | te, | Transaction Disposed C | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5 | | 5. Amoun Securities Beneficial Owned Fo | y (D) or | | n: Direct I r Indirect I sstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Diodes Incorporated Common Stock ⁽¹⁾ 05/ | | | | 05/26/2 | 5/2011 | | | A | | 6,500 ⁽²⁾ | | 0 ⁽²⁾ A \$0 | | 23,956 | | | D | | |
| | | | Table II - D | erivativ e.g., put | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Exec or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date if any (Month/Day/Yea | Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | e and 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exer | cisable | Ex _I | piration te | Title | | Amount or Number of Shares | | | | | |
| 05/26/11 DIOD NQSO | \$29.21 | 05/26/2011 | | A | | 17,000 | | 05/2 | 6/2012 ⁽⁴⁾ | 05/ | 26/2021 | Incorp Con | odes oorated nmon ock | 17,000 | \$0 ⁽³⁾ | 17,00 | 00 | D | |

Explanation of Responses:

- 1. Restricted Stock Units vest in four equal annual installments beginning 05/26/2012.
- 2. Granted under Rule 16b-3 Plan.
- 3. Granted under Rule 16b-3 Plan.
- $4.\ Non-qualified\ Stock\ Options\ exercisable\ in\ four\ equal\ annual\ installments\ beginning\ 05/26/2012.$

Richard D. White as Power of Attorney for Julie Holland

05/31/2011

** 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.