FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

**Diodes Incorporated Common Stock** 

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## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	

Washington, D.C. 20549	9
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Lu

Trust

Grandchildren's

The Lu Family

Foundation The Lu 2017

Irrevocable Trust **Texastac** 

Investments.

LP

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285,801

70,465

4,700

197,384

242,584

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

				or section so(n) or	uic iiiv	Cottric	The Company	ACT OF 1	J-10					
Name and Address of Reporting Person*     LU KEH SHEW				2. Issuer Name and DIODES INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LU KEH					X Director		10% Owner							
(Last)	3. Date of Earliest	Transac	ction (I	Month/Day/Y	X Officer (	ive title Other (specify below)								
(Last) (First) (Middle) 4949 HEDGCOXE ROAD				05/18/2022		,	,	President & CEO						
SUITE 200														
(Street)				4. If Amendment, D	Date of 0	Origina	al Filed (Mon	6. Individual or Joint/Group Filing (Check Applicable Line)						
PLANO	)24					X Form filed by One Reporting Person								
	TX									Form filed by More than One Reporting Person				
(City)	)													
	Ta	able I	- Non-Derivat	ive Securities	Acqu	ired,	, Dispose	d of, o	or Benef	icially Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Diodes Incorp	porated Common S	tock	05/18/2022		F <sup>(1)</sup>		664	D	\$73.44	61,680	D			
Diodes Incorp	porated Common S	tock								46,150(2)	I	Custodial		
				-	-									

Performa	nce Stock U	nits														
		Tal					Acquired, Disposed of, or Beneficially Owned rants, options, convertible securities)									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed )	6. Date Exe Expiration (Month/Dat	Date	S	Amou Secur Jnder Deriva	ities lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl	Expirat e Date		Γitle	Amount or Number of Shares				

## **Explanation of Responses:**

- 1. Vested restricted stock unit shares were automatically withheld to cover income tax.
- 2. These shares are held in accounts for the reporting persons minor grandchildren and the reporting person is the custodian of those accounts. The reporting person disclaims ownership of the shares held in those custodial accounts, and this report is not an admission that the reporting person is the beneficial owner of these shares for purposes of Section 16 or for any other purposes.

## Remarks:

Brett R. Whitmire as Power of 05/23/2022 Attorney for Keh-Shew Lu

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.