FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| 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

| 1. Name and Address of Reporting Person* STICH JOHN M | | | | | 2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD] | | | | | | | | | | p of Reporting Person(s) to Issuer blicable) ctor 10% Owner | | | | |
|--|---|--|----------------|-----------------------------------|---|--|--|--|---------------|----------|------------------------|--|--|---|---|---|--|---------------------------------------|--|
| (Last) 4949 HE SUITE 2 | (Fi DGCOXE I | , | (Middle) | | | 3. Date of Earliest Tran 11/09/2016 | | | | n (Mont | th/Day/Year) | | | | Officer (give title below) | | | Other (specify below) | |
| (Street) PLANO (City) | ТУ | | 75024 (Zip) | | - 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - N | lon-Deriv | ative | Sec | uritie | s Ac | quire | ed, Di | isposed o | f, or E | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | nd 5) Se Be Ov | | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Repo Trans (Instr | rted action(s) . 3 and 4) | | (Instr. 4) | | |
| Diodes Incorporated Common Stock 11/09 | | | | 11/09/2 | 016 | 16 | | S ⁽¹⁾ | | 5,000 | D | \$22.0 | 009 ⁽²⁾ | 31,900 | | I | Stich Family Living Trust | | |
| Diodes Incorporated Common Stock | | | | | | | | | | П | | | | | | 35,700 | D | | |
| | | Та | able II | | | | | | | | oosed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | (Instr. | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | rative rities ired r osed) | Expir (Mon | ration D | Year) Expiration | 7. Title Amour Securit Under! Derivat Securit and 4) | nt of ties ying | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Sale pursuant to previously filed 10b5-1 Plan.
- 2. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$21.9500 to \$22.0800, inclusive. The reporting person undertakes to provide to Diodes Incorporated, any security holder of Diodes Incorporated, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

Remarks:

Richard D. White as Power of Attorney for John M. Stich

11/10/2016

** 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.