FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | 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>KING MARK A</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD] | | | | | | | | | | ck all applica Director | ıble) | rting Person(s) to Issu | | wner |
| (Last) (First) (Middle) 4949 HEDGCOXE ROAD SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2012 | | | | | | | | | | below) | give title TP Sales (| ve title Other (sp below) P Sales & Marketing | | pecify |
| (Street) PLANO TX 75024 (City) (State) (Zip) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tá | able I - Non | -Derivat | ive S | ecuriti | es A | cquii | red, D | isp | osed (| of, or | Bene | ficially | Owned | | | | |
| Date | | | 2. Transacti Date (Month/Day | Execution Date, | | te, T | e, Transaction Disposed Code (Instr. | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | | 5. Amoun Securities Beneficial Owned Fo | ily | Form: | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | G | Code V | , | Amount | t (A) or Pi | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Diodes Incorporated Common Stock ⁽³⁾ 05/21 | | | | 05/21/2 | /2012 | | | A | | 10,000(1) | | A | \$0 | 29,474 | | | D | | |
| | | | Table II - D | Derivativ e.g., put | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date if any (Month/Day/Ye | Code | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | e and | and 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (A) (D) | | isable | Exp Dat | oiration te | Title | | Amount or Number of Shares | | | | | |
| 05/21/12 DIOD | \$19.27 | 05/21/2012 | | A | | 38,500 | | 05/26/ | /2013 ⁽²⁾ | 05/ | 21/2022 | Incorp | odes oorated imon | 38,500 | \$0 ⁽¹⁾ | 38,50 | 00 | D | |

Explanation of Responses:

- 1. Granted under Rule 16b-3 Plan.
- $2.\ Non-qualified\ stock\ options\ exercisable\ in\ four\ equal\ annual\ installments\ beginning\ 05/26/2013.$
- $3.\ Restricted\ stock\ units\ vest\ in\ four\ equal\ annual\ installments\ beginning\ 05/26/2013.$

Richard D. White as Power of Attorney for Mark King

** Signature of Reporting Person Date

05/23/2012

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.