FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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). |
|--|
| to Section 16. Form 4 or Form 5 obligations may continue. See |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Sung Wen-Chi | | | | 2. Issuer Name and Ticker or Trading Symbol <u>DIODES INC /DEL/</u> [DIOD] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|---|---|--|--|--------------------------------------|------------|--|-------|--|--|--|---|--|---|--|
| (Last) | | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023 | | | | | | | | X Direc Offic belov | er (give title | 10% Ow Other (sj below) | | |
| 4949 HEDGCOXE ROAD SUITE 200 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) PLANO TX 75024 | | | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | | | | | | le 10 |)b5-1(c) |) Tran | sac | tion Ind | licat | ion | | | | | | |
| (City) | (3) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | ended to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities Acc | quired, | Dis | posed of | f, or | Ben | eficia | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A Of (D) (Instr. 3, | | | | ities Fe icially (D d In | | m: Direct or irect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) (D) | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | . , | | |
| Diodes Incorporated Common Stock 05/24/20 | | | | | 023 | | | A | | 3,000(1) | I | 4 | \$0.00 | (2) 2 | 24,240 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, 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. Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | f : g | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | |

Date

Exercisable

Explanation of Responses:

1. Restricted stock units vest in four equal installments beginning 05/26/2024.

2. Granted under Rule 16b-3 Plan.

Remarks:

Brett R. Whitmire as Power 05/26/2023

of Attorney for Wen-Chi Sung

Amount or Number

of Shares

Title

Expiration Date

** 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).

Code

(A) (D)

v

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.