FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	ırden								

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

hours per response: 0.5

					or	Section	30(h)	of the	Ínvestn	nent C	ompany 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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
STICITION W														X	Direc	ctor		10% C	Owner	
(Last) (First) (Middle) 15660 DALLAS PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 11/11/2010									Offic below	er (give title w)			Other (specify below)		
SUITE 850						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)					-	7 1111011	arriorit,	Date	or Origin	i cai i iic	sa (Month) De	iyi redir)		Line)		n filed by On		•		
DALLAS	5 T2	ζ 7	75248		_										Forn Pers	n filed by Mo on	re tha	an One Rep	orting	
(City)	(St	ate) (Zip)																	
		Tabl	e I - N	on-Deriv	vative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			and 5) Securi Benefi		cially I Following	Forn (D) c	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa	Transaction(s) (Instr. 3 and 4)			(111501.4)	
Diodes In	c. Common	Stock													26,488 D					
Diodes Inc. Common Stock 11/11/2					2010	010			S ⁽¹⁾		3,375 ⁽²⁾	D	\$23.	2261	7,312			I	Stich Family Holdings, LLC	
		Та	ıble II								osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. :	Deri Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((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 Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.20 to \$23.26, 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 (1) to this Form 4.

2. Shares sold from Common Stock held in the name of Stich Family Holdings, LLC. Mr. Stich is a co-member of Stich Family Holdings, LLC and has voting and investment authority over these shares.

Richard D. White as Power of 11/12/2010 Attorney for John Stich

** 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.