## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| notruction 1/h)                        |

## 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 Ferson  |   |  |   |          |                                | 2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [ DIOD ]  |   |                                 |  |   |                |   |      |                           |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |           |  |  |  |  |
|--|---|--|---|----------|--------------------------------|--|---|---------------------------------|--|---|----------------|---|------|---------------------------|---|---|---|-----------|--|--|--|--|
| <u>LU KEH SHEW</u>   |   |  |   |          |                                |  |   |                                 |  |   |                |   |      |                           | X Director                                      |   |   |           | 10% (  | Owner  |  |  |
| (Last)   | (Last) (First) (Middle)   |  |   |          |                                |  | Date of Earliest Transaction (Month/Day/Year) |                                 |  |   |                |   |      |                           |   | X Officer (give title below)  |   |           | below  | (specify   |  |  |
| 15660 D  | ALLAS PA  | RKWAY                                      |   |          | 02/                            | 18/20  | 11  |                                 |  |   |                |   |      |                           | President & CEO                                 |   |   |           |  |  |  |  |
| SUITE 850  |   |  |   |          |                                |  |   |                                 |  |   |                |   |      |                           |   |   |   |           |  |  |  |  |
|  |   | 4 If                                       | If Amendment, Date of Original Filed (Month/Day/Year) |          |                                |  |   |                                 |  |   |                | 6. Individual or Joint/Group Filing (Check Applicable   |      |                           |   |   |   |           |  |  |  |  |
| (Street)   |   |  |   |          | ""                             | 4. II / III of the transfer of |   |                                 |  |   |                |   |      |                           | Line)   |   |   |           |  |  |  |  |
| DALLAS   | 5 TX  | ζ  | 75248   |          |                                |  |   |                                 |  |   |                |   |      |                           | X Form filed by One Reporting Person            |   |   |           |  |  |  |  |
|  |   |  |   |          | .                              |  |   |                                 |  |   |                |   |      |                           | Form filed by More than One Reporting<br>Person |   |   |           |  |  |  |  |
| (City)   | (St   | ate) (                                     | Zip)  |          |                                |  |   |                                 |  |   |                |   |      |                           |   | 1 013   | O11   |           |  |  |  |  |
|  |   | Tab  | e I - No  | on-Deriv | ative                          | Sec  | uritie  | s Acc                           | quired,  | Dis   | posed o        | f, or   | Ber  | nefici                    | ally  | Owne  | ed  |           |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)   |   |  |   |          | Execution Date,                |  |   | 3.<br>Transac<br>Code (li<br>8) |  | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) |                |   |      | and Securitie<br>Benefici |   | es<br>ially<br>Following  | Forn<br>(D) c   | n: Direct | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |  |  |
|  |   |  |   |          |                                |  |   |                                 | Code   | v   | Amount         | (A) or<br>(D) Price   |      | Price                     |   | Transaction(s)<br>(Instr. 3 and 4)                                      |   |           |  | (msu. 4)   |  |  |
| Diodes Incorporated Common Stock 02/18/2   |   |  |   |          |                                | 011  |   |                                 | <b>G</b> <sup>(1)</sup>  | V   | 5,950          |   | A \$ |                           | )   | 23,750  |   |           | I  | Custodial  |  |  |
| Diodes Incorporated Common Stock 02/18   |   |  |   |          | 2011                           | 2011   |   |                                 | G <sup>(2)(3)</sup>  | V   | 5,950          |   | D    | \$0                       |   | 280,750   |   |           |  | Revocable<br>Trust   |  |  |
| Diodes Incorporated Common Stock 03/04/2   |   |  |   |          |                                | 2011   |   |                                 | S <sup>(4)(5)</sup>  |   | 7,094          |   | D    | \$31.                     | .01 1,1   |   | 127,908   |           | D  |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |          |                                |  |   |                                 |  |   |                |   |      |                           |   |   |   |           |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | te Execution  |          | Date, Transaction Code (Instr. |  | of  |                                 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |      | f<br>g<br>nstr. 3         | Der<br>Sec                                      | rivative<br>curity<br>str. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у         | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  | Code  | v        | (A)                            | (D)  | Date<br>Exercisa                              |                                 | Expiration<br>Date   | Title   | or<br>Nu<br>of | ımber   |      |                           |   |   |   |           |  |  |  |  |

## **Explanation of Responses:**

- 1. This transaction involved a gift of securities by the reporting person to his grandchild under the Uniform Gifts to Minors Act. The reporting person is custodian to his minor grandchild's account. The reporting person disclaims beneficial ownership of the shares held by his minor grandchild, and this report should not be deemed an admission that the reporting person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.
- 2. Please see footnote (1).
- 3. The number of shares reflected in column 5 is adjusted herein to correct a calculation error dating back to the Form 4 filed on 11/23/2010.
- 4. Sale pursuant to previously filed 10b5-1 Plan.
- 5. Please see footnote (3).

Richard D. White as Power of Attorney for Keh-Shew Lu

03/08/2011

\*\* 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.