FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average bu	rden
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).

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*  Tang Francis					2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [ DIOD ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	(F ALLAS PA	irst) RKWAY	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/16/2011							X	Officer (below)	give title	Other (speci below) Discrete Products		pecify		
(Street)	S T	X	75248		_   4.	If Ame	endme	ent, Date	e of Or	iginal F	iled	(Month/D	ay/Year)		6. Indi Line) X	Form file	ed by One	Repor	(Check Appl rting Person One Reporti	
(City)	(S	tate)	(Zip)													Person				
		Та	ble I - No	on-Deri	ivativ	ve Se	cur	ities A	cqui	ired, I	Dis	posed	of, or Be	nefi	cially	Owned				
Da		2. Trans Date (Month/		ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				5. Amour Securities Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership		
									С	ode V	<i>,</i>	Amount	t (A) or (D)		се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Diodes Incorporated Common Stock (			02/10	6/201	2011			М		4,500	) A	\$	15.05	23,	527		D			
Diodes In	corporated	Common Stock		02/10	6/201	1				S <sup>(3)</sup>		4,500	) D	\$2	9.8251	19,	027		D	
Diodes In	ıcorporated	Common Stock		02/10	6/201	1			5	S <sup>(4)</sup>		840	D	\$	29.88	(	0 I By Spouse IRA		Spouse	
			Table II										f, or Bene ible secu			wned				,
Derivative Conversion D		Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Inst				6. Date Exercisab Expiration Date (Month/Day/Year)				7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		lying ity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s l lly l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exerc	isable		xpiration ate	Title	or No	umber					
05/28/09 DIOD NQSO	\$15.05	02/16/2011			М			4,500	05/28/	2010 <sup>(2)</sup>	05	5/28/2019	Diodes Incorporated Common	4	,500	\$0 <sup>(1)</sup>	13,50	0	D	

## Explanation of Responses:

- 1. Granted under Rule 16b-3 Plan.
- $2.\ Non-qualified\ stock\ options\ exercisable\ in\ four\ equal\ annual\ installments\ beginning\ 05/28/2010.$
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.80 to \$29.87, 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 (3) to this Form 4.
- 4. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Richard D. White as Power of Attorney for Francis Tang

02/18/2010

\*\* 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.