FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 200	75	

OIVID APPRO	VAL						
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).

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

		Reporting Person*							cker or Tra						tionship of all applica		Perso	n(s) to Issu	er
GIUKL	JANU IVI	ICHAEL K									-			X	Director			10% Ov	/ner
(Last) 15660 D	(F ALLAS PA	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2011									Officer (gbelow)	r (give title)		Other (s below)	pecify
SUITE 8	350				4.	. If Am	endm	ent, Date	of Original	Filed	d (Month/Da	ay/Year)			idual or Jo	int/Group	Filing (Check App	icable
(Street)													'	ine) X	Form file	nd by One	Donor	ting Person	
DALLA	S T	X	75248											Λ		•		One Report	ing
(City)	(5	State)	(Zip)																
		Ta	able I - N	on-Dei	rivati	ve S	ecui	rities A	cquired	, Di	sposed (of, or Ber	eficia	lly (Owned				
			Date	- 1		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 a		and 5) Securiti Benefic Owned		;	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	nt (A) or Pric			Reported Transaction(s) (Instr. 3 and 4)					
Diodes Incorporated Common Stock														7,2	62			Family Trust	
Diodes Incorporated Common Stock			03/1	5/201	/2011					10,000	0 A	\$5.7	955 65,9		989		D		
Diodes Incorporated Common Stock 03/15				5/201	/2011		S ⁽⁵⁾⁽⁶⁾		10,000	0 D	\$28.0	0068	55,989			D			
			Table II									f, or Bene ible secu			vned				
. Title of 2. 3. Transaction Date Execution Date, if any		4. Transa Code (8)	5. Number 6		6. Date Exc	Date Exercisable and xpiration Date Month/Day/Year) 7. Title and Securities Derivative (Instr. 3 and			Amount Inderlyin	of ng	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 ect (Instr. 4)				
					Code	v ((A)	(D)	Date Exercisabl		Expiration Date	Title	Amo or Num of Shar	ber					
8/1/03 DIOD NQSO	\$5.7955	03/15/2011			M ⁽²⁾			10,000	08/01/2004	(4)	08/01/2013	Diodes Incorporated Common	43,8	375	\$0 ⁽³⁾	33,87	'5	D	

Explanation of Responses:

- 1. Exercise pursuant to previously filed 10b5-1 Plan.
- 2. Exercise pursuant to previously filed 10b5-1 Plan.
- 3. Granted under Rule 16b-3 Plan.
- $4.\ Non-qualified\ stock\ options\ exercisable\ in\ three\ equal\ annual\ installments\ beginning\ 08/01/2004.$
- 5. Sale pursuant to previously filed 10b5-1 Plan.

6. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.00 to \$28.05, 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 (6) to this Form 4.

Richard D. White as Power of Attorney for Michael Giordano

03/16/2011

** 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.