Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|-----------|
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| OMB APPROVAL | | | | | | | | | | | |
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| OMB Number: 3235-02 | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response | e: 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 Person* Sung Wen-Chi | | | | | 2. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | ssuer | |
|--|--|---------------|------------------------------|---|---|--|--------|---|---|-----------|---|--|---|--|--|------------|-------------------|---------|------|
| | | | | | | | | | | | - | | | X | Direc | tor | | 10% O | wner |
| (Last) 4949 HE | (Fir | • | ⁄liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2020 | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| SUITE 200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | on | | |
| PLANO | TX | 7 | 5024 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instruction of the control | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | | ce | Transa | nsaction(s) tr. 3 and 4) | | | (IIISU: 4) | | | |
| Diodes In | corporated | Common Stock(| 1) | 05/18/2 | 2020 | | | A | | 3,600 | A | \$0 |).00 ⁽²⁾ | 16,200 | | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- $1. \ Restricted \ stock \ units \ vest \ in \ four \ equal \ installments \ beginning \ 05/18/2021.$
- 2. Granted under Rule 16b-3 Plan.

Remarks:

Richard D. White as Power of Attorney for Wen-Chi Sung ** Signature of Reporting Person

Date

05/19/2020

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.