# SEC Form 4

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden sponse: 0.5

Form filed by One Reporting Person Form filed by More than One Reporting

I. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss   GIORDANO MICHAEL R 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss   (Last) (First) (Middle)   4949 HEDGCOXE ROAD 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title Other (sp below)   SUITE 200 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap	obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	L		hours per response:		0.5
In Name and Address of Reporting Feison   GIORDANO MICHAEL R   (Last) (First)   (Middle)   4949 HEDGCOXE ROAD   SUITE 200   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Ap	.,						
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) below) below) below)   4949 HEDGCOXE ROAD SUITE 200 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Apple)	1 0	°,		all applicab		on(s) to Issue 10% Owne	
4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap	4949 HEDGCOXE ROAD				ve title	Other (spec below)	cify
	SUITE 200	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable				

(Street) PLANO	ТХ	75024
(City)	(State)	(Zip)

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table 1- Non-Derivative Securities Acquired, Disposed of, or Derivitiany Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150.4)		
Diodes Incorporated Common Stock	05/24/2021		A		2,520 <sup>(1)</sup>	A	<b>\$0.00</b> <sup>(2)</sup>	87,201	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Restricted stock units vest in four equal installments beginning 05/26/2022.

2. Granted under Rule 16b-3 Plan.

### **Remarks:**

Brett R. Whitmire as Power of

05/26/2021

Attorney for Michael <u>Giordano</u> \*\* Signature of Reporting Person Date

Х

Person

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.

Check this box if no longer subject to Section 16. Form 4 or Form 5  $\square$