FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
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

Lee Tung Cheo Require (Month			2. Date of Event Requiring Staten (Month/Day/Year 06/03/2008	nent	3. Issuer Name and Ticker or Trading Symbol DIODES INC /DEL/ [DIOD]						
(Last) (First) (Middle) 15660 N. DALLAS PARKWAY, SUITE 850					tionship of Reporting Perso call applicable) Director Officer (give title below)	10% Owne Other (spe	er	(Mon	th/Day/Year)	ate of Original Filed //Group Filing (Check	
(Street) DALLAS (City)	TX (State)	75248 (Zip)				VP Packaging Ope	erations		X	Form filed by	y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Diodes Inc. Common Stock						6,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exer Expiration D (Month/Day/		ate	3. Title and Amount of Securi Underlying Derivative Securit		ity (Instr. 4) Conv		ersion	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Carl Wertz

06/03/2008

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).