FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
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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

Name and Address of Reporting Person*     Sciammas Maurice						2. Issuer Name and Ticker or Trading Symbol MONOLITHIC POWER SYSTEMS INC [ MPWR ]									5. Relationship of Repo (Check all applicable) Director			rson(s) to Is 10% O Other (	wner
(Last) (First) (Middle) 6409 GUADALUPE MINES ROAD				10/2	3. Date of Earliest Transaction (Month/Day/Year) 10/27/2008									Sr. V.	P.of Sale	below) es and Marketin		g	
(Street) SAN JOSE CA 95120 (City) (State) (Zip)						Line) X For										I or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transact Date (Month/Day	//Year)	Execution Date,		3. Transact Code (In 8)			ecurities Acquired (A posed Of (D) (Instr. 3, 5)			, 4 Securities Beneficial Owned		Form (D) or Indire	: Direct I r E ect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		e	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Stock			10/27/2	800	3			F <sup>(1)</sup>		4,493(2	() <b>D</b>	\$1	4.1	65,0	611	D			
Common Stock														145,934			I I	oy Family Frust <sup>(3)</sup>	
Common Stock															29,671			I	oyC Sciammas 04 TRST <sup>(4)</sup>
Common Stock														29,671		I 5		oyM Sciammas 94 Trst <sup>(5)</sup>	
			Tab	le II - Deri (e.g.							osed of, o			Owr	ned				
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. Transac	5. Number of		6. Date Ex Expiration (Month/Da	ercis	sable and	le and 7. Title and Amount of		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	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er					
Non- Qualified Stock Option (right to buy)	\$15.74	10/28/2008			A		90,000		10/28/2010	) <sup>(6)</sup>	10/28/2015	Common Stock	90,00	00	\$0	90,00	00	D	

## **Explanation of Responses:**

- 1. In accordance with the reporting person's 10b5-1 trading plan.
- 2. Shares withheld to pay tax obligations resulting from the vesting of restricted stock.
- 3. Shares held by Sciammas Family Living Trust, Maurice Sciammas and Christina Sciammas, Trustees
- 4. Shares held by Christina Sciammas 2004 Trust, Christina Sciammas and Maurice Sciammas, Trustees
- 5. Shares held by Maurice Sciammas 2004 Trust, Maurice Sciammas and Christina Sciammas, Trustees
- 6. Fifty percent (50%) of the Shares subject to the Option shall vest twenty-four (24) months after the Vesting Commencement Date, and 1/48 of the Shares subject to the Option shall vest monthly thereafter on the same day of the month as the Vesting Commencement Date, subject to the Optionee continuing to be a Service Provider on such dates.

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.