FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* Hsing Michael | | | | | MO | 2. Issuer Name and Ticker or Trading Symbol MONOLITHIC POWER SYSTEMS INC MPWR | | | | | | | | | 5. Relationship of Re (Check all applicable) X Director | | Reporting Person(s) to Issuer le) 10% Owner | |
|--|--|--|-----------------|-----------------------|----------------|---|-----|---|-------------------------|---|--------------------|--|---|---|---|--|--|--|
| (Last) (First) (Middle) 6409 GUADALUPE MINES ROAD | | | | | 3. Da | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2010 | | | | | | | | | Offic belo | ′ | Othe below | (specify /) |
| (Street) SAN JOS (City) | | | 5120 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) X | Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | Year) | Execui | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Secur Benef Owner | ially | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o | r Pri | ce | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | (Instr. 4) | |
| Common Stock 02/01/2 | | | | 02/01/20 | 010 | | | | S ⁽¹⁾ | | 2,970 | D | \$2 | 0.799 | 99 84,174 | | D | |
| Common Stock | | | | | | | | | | | | | | 49 | 08,566 | I | By Jointly w/Spouse | |
| Common Stock | | | | | | | | | | | | | | 13 | 33,040 | I | By S. Hsing 04 Trust | |
| Common Stock | | | | | | | | | | | | | | | 133,040 | | I | by M Hsing 04 Trust |
| 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) | Execu if any | Deemed ution Date, | 4. Transa | ransaction ode (Instr. | | rative rities ired rosed) | _ | Exercion D | isable and | 7. Title Amour Securit Underl Derivat Securit | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | |

Explanation of Responses:

1. Shares sold to pay tax obligations resulting from the vesting of restricted stock.

By: Rick Neely For: Michael Hsing 02/02/2010

** 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.