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* Moyer James C | | | | | 2. Issuer Name and Ticker or Trading Symbol MONOLITHIC POWER SYSTEMS INC [MPWR] | | | | | | | | | heck all ap | plicable) ctor | 10% | | % Owner | |
|--|---|--|---|--|---|--|---|------------|---|---|---------------------------------|---|--|--|---|--|---|--|------------------|
| (Last) 6409 GU | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2012 | | | | | | | | | | Officer (give title Other (spec | | | | | | | | |
| (Street) SAN JOS (City) | | | 5120 | 4. If Ar | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | e I - Non-Deriv | ative S | ecu | ırities | s Acq | uir | ed, D | isposed | of, | or B | eneficia | illy Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D if any (Month/Day/ | | ate, | 3. Transaction Code (Instr. 8) | | on Di | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | | Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | | Indirect Beneficial Ownership | |
| | | | | | | Code | V | | mount | (A) or (D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | |
| Common | Stock | 05/31/2012 | | | | S ⁽¹⁾ | | | 400 | D | D \$18.8175 | | 477,983 | | I | | by Moyer FamilyTrust | | |
| Common Stock | | | | | | | | | | | | | 1,00 | 1,007,151 | | 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. Transact Code (In 8) | | 5. Nu of Deriv Securi Acqu (A) or Disport of (D) (Instrand 5 | rities ired r osed . 3, 4 | Exp (Mo | Date Exercisable and xpiration Date Month/Day/Year) ate Expiration xercisable Date | | Al Se UI De Se 3 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) | derivative Ov Securities Fo Beneficially Di Owned or | | 10. Ownersi Form: Direct (I or Indire (I) (Instr 4) | Beneficia Ownersh ect (Instr. 4) | ect al nip |

Explanation of Responses:

- 1. In accordance with the reporting person's 10b5-1 trading plan.
- 2. The price is the weighted average sale price for the transactions reported on this line. The prices for the transactions reported on this line range from \$18.72 to \$18.93. The reporting person undertakes to provide, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

By: Saria Tseng For: James Moyer 05/31/2012

** 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.