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

| 1. Name and Address of Reporting Person* Lee Victor K (Last) (First) (Middle) 1539 QUEENSTOWN CT. | | | | | | Issuer Name and Ticker or Trading Symbol MONOLITHIC POWER SYSTEMS INC [MPWR] Date of Earliest Transaction (Month/Day/Year) 02/13/2015 | | | | | | | | | eck all app | olicable) etor er (give title | 1 | Person(s) to Issue 10% Owne Other (spec below) | |
|--|--|--|---------------|---------|---------------|--|-----|------------------|--|---|----------------|---|--------------------------------|-------|---|---|--|---|--|
| (Street) SUNNY (City) | | | 94087 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X 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. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | Transaction Disposi Code (Instr. and 5) | | | curities Acquired (A osed Of (D) (Instr. 3)) | | | Secur Benef Owne | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amoun | it (A | i) or F | rice | Repor Trans | Following Reported Transaction(s) (Instr. 3 and 4) | | (111501.4) | |
| Common Stock 02/13/20 | | | | | | | 015 | | | | 5,000 | | A S | 23.0 | 5 2 | 5,615 | D | | |
| Common Stock 02/13/20 | | | | | | 015 | | S ⁽¹⁾ | | 5,000 | | D S | 50.2 | 5 2 | 20,615 | | | | |
| | 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) | ifany | · · · · | 4. Transac | I. Fransaction Code (Instr. | | 5. 6. Number E | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | le and 7. Title a | | 8 0 0 | i. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | v | (A) | (D) | Date Exercisable | | piration te | Title | Amo or Num of Shar | ber | | | | | |
| Non- Qualified Stock Option (right to buy) | \$23.05 | 02/13/2015 | | | М | | | 5,000 | 05/22/2009 | 05/ | /22/2015 | Commo Stock | 0 | | \$0.0 | 10,000 | D | | |

Explanation of Responses:

1. Transaction was executed during an authorized trading window in compliance with the Company's Insider Trading Compliance Program.

By: Saria Tseng For: Victor 02/17/2015

** 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.