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* Chiocchi Adriana (Last) (First) (Middle) 983 UNIVERSITY AVENUE, BUILDING A (Street) LOS GATOS CA 95032 (City) (State) (Zip) | | | | | | 2. Issuer Name and Ticker or Trading Symbol MONOLITHIC POWER SYSTEMS INC [MPWR] 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | C (Che | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Legal Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person | | | | | |
|--|---|------------|----------|----------|--|--|---------|--|---------------------------|--|----------------------|--|--|--|---|--|---|--|--|
| | | Tab | le I - N | on-Deri | vative S | Sec | urities | Ac | quired, Di | spc | osed of | , or Be | neficial | ly Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | Transaction Code (Instr. 8) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 | | Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | | | | Code | ′ | Amount (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | Code (In | Fransaction of Code (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | | of es ng re | 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 Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$11.85 | 10/26/2006 | | | A | | 150,000 | | 10/26/2007 ⁽¹⁾ | 10 | 0/26/2013 | Common Stock | 150,000 | \$11.85 | 150,00 | 00 | D | | |

Explanation of Responses:

1. Twenty-five percent (25%) of the Shares subject to the Option shall vest twelve (12) months after the Grant Date, and 1/48 of the Shares subject to the Option shall vest each month thereafter on the same day of the month as the Grant Date, subject to the Optionee continuing to be a Service Provider on such dates.

Adriana Chiocchi

** 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.