

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

OMB Number: 3235-0287  
Expires: February 28, 2018  
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

(Print or Type Responses)

|                                          |         |          |                                                                                                 |  |                                                            |                                                                            |                                                                                                  |  |
|------------------------------------------|---------|----------|-------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person* |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol                                              |  |                                                            | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |                                                                                                  |  |
| Blegen, Bernie                           |         |          | MONOLITHIC POWER SYSTEMS (MPWR)                                                                 |  |                                                            | ____ Director      ____ 10% Owner                                          |                                                                                                  |  |
| (Last)                                   | (First) | (Middle) | 3. Date of Earliest<br>Transaction Required<br>to be Reported<br>(Month/Day/Year)<br>10/01/2019 |  | 4. If Amendment,<br>Date Original<br>Filed(Month/Day/Year) |                                                                            | ____ <b>X</b> Officer (give      ____ Other (specify<br>title below)                      below) |  |
| 4040 Lake Washington Blvd. NE, Suite 201 |         |          |                                                                                                 |  |                                                            |                                                                            | ____ CFO                                                                                         |  |
| (Street)                                 |         |          | 6. Individual or Joint/Group Filing (Check Applicable Line)                                     |  |                                                            |                                                                            |                                                                                                  |  |
| Kirkland, WA 98033                       |         |          | ____ <b>X</b> Form filed by One Reporting Person                                                |  |                                                            |                                                                            |                                                                                                  |  |
|                                          |         |          | ____ Form filed by More than One Reporting Person                                               |  |                                                            |                                                                            |                                                                                                  |  |

|        |         |       |                                                                                  |  |  |  |  |  |  |  |
|--------|---------|-------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |  |  |  |  |
|--------|---------|-------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|

| 1. Title of Security<br>(Instr. 3) | 2. Trans-<br>action<br>Date<br><br>(Month/<br>Day/<br>Year) | 2A.<br>Deemed<br>Execution<br>Date, if<br>any<br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) |               |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-<br>ship<br>Form:<br>Direct<br>(D) or<br>Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Owner-<br>ship<br><br>(Instr. 4) |
|------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|---|-------------------------------------------------------------------------|---------------|------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                    |                                                             |                                                                           | Code                                      | V | Amount                                                                  | (A) or<br>(D) | Price      |                                                                                                                 |                                                                                 |                                                                            |
| Common Stock                       | 10/01/19                                                    |                                                                           | S<br>(1)                                  |   | 905                                                                     | D             | \$155.6089 | 95,093                                                                                                          | D                                                                               |                                                                            |
| Common Stock                       | 10/01/19                                                    |                                                                           | S<br>(2)                                  |   | 770                                                                     | D             | \$157.0000 | 94,323                                                                                                          | D                                                                               |                                                                            |
|                                    |                                                             |                                                                           |                                           |   |                                                                         |               |            |                                                                                                                 |                                                                                 |                                                                            |
|                                    |                                                             |                                                                           |                                           |   |                                                                         |               |            |                                                                                                                 |                                                                                 |                                                                            |
|                                    |                                                             |                                                                           |                                           |   |                                                                         |               |            |                                                                                                                 |                                                                                 |                                                                            |
|                                    |                                                             |                                                                           |                                           |   |                                                                         |               |            |                                                                                                                 |                                                                                 |                                                                            |
|                                    |                                                             |                                                                           |                                           |   |                                                                         |               |            |                                                                                                                 |                                                                                 |                                                                            |

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).

Potential persons who are to respond to the collection of  
information contained in this form are not required to respond  
unless the form displays a currently valid OMB control Number.

(Over)  
SEC 1474 (11-11)

| 1. Title of Derivative Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, if any<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities<br>(Instr. 3 and 4) |                            | 8. Price of Derivative Security<br>(Instr. 5) | 9. Number of derivative Securities Beneficially Owned following Reported Transaction(s)<br>(Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 4) | 11. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|---|-------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------|-----------------|------------------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       | Code                              | V | (A)                                                                                       | (D) | Date Exercisable                                            | Expiration Date | Title                                                            | Amount or Number of Shares |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |
|                                               |                                                        |                                         |                                                       |                                   |   |                                                                                           |     |                                                             |                 |                                                                  |                            |                                               |                                                                                                       |                                                                                     |                                                           |

Explanation of Responses:  
See continuation page(s) for footnotes

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

By: Saria Tseng For: Bernie Blegen  
\*\* Signature of Reporting Person

10/02/2019  
Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Blegen, Bernie**

**MONOLITHIC POWER SYSTEMS (MPWR)  
10/01/2019**

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**4040 Lake Washington Blvd. NE, Suite 201**

**Kirkland, WA 98033**

- (1) The reported sales were to cover taxes upon the vesting of restricted stock units, as required by the Company's equity incentive plans.**
- (2) In accordance with the reporting person's 10b5-1 trading plan.**

