FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APF | PROVAL |
|---------|-------------|-----------|
| IERSHIP | OMB Number: | 3235-0287 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OIVID APPROVAL | | | | | | |
|--------------------------|-----|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| Name and Address of Reporting Person* Kelley Stephen Douglas | | | | | 2. Issuer Name and Ticker or Trading Symbol AMKOR TECHNOLOGY, INC. [AMKR] | | | | | | | | | | (Check all ap | | | | Person(s) to Issuer 10% Owner | |
|--|---|------------------------|--|--------|--|---|-----------------------|---|--------------------------|--------------|---|------|-------------|----------------------------|---|--|--|--|---|---|
| (Last) 2045 EAS | (Fii ST INNOV | rst) (ATION CIRCLE | • • • | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/27/2019 | | | | | | | | | X | below) | | | Other (specify below) | |
| (Street) TEMPE (City) | AZ | | 35284 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | Form | al 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. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Securi Benefi Owned | . Amount of lecurities leneficially lowned Following leported | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (1 | A) or O) | Price | Tran | | ction(s) 3 and 4) | | | (|
| Common Stock | | | 08/27 | 7/2019 | | | | F | | 5,425 | 5 | D | \$8.51 | | 152,475 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 150,000 | | | I | By 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) | ecurity ecurity Price of Derivative Security Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Date, Transaction Code (Instr | | or of control of contr | | Expiratio (Month/D | i. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | | | | Date Exercisal | Date Expiration Exercisable Date | | Title Shares | | ares | | | | | | | | |

Explanation of Responses:

Remarks:

Jerry C. Allison, Attorney-in-Fact for Stephen D. Kelley

08/27/2019

** 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.