FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 [*] Carolin Roger Anthony | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMKOR TECHNOLOGY, INC. [AMKR] | | | | | | | | | lationship o ck all applic Director | able) | Reporting Person(s) to ble) 10% | | |
|---|---|--|---|----------------------|---|--|---------|---|--|---|-------------------------|---|---|--|--|--|--|--|---|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2016 | | | | | | | | | | Officer below) | give title | | Other (s below) | pecify |
| 1200 LIBERTY RIDGE DRIVE SUITE 300 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person | | | | |
| (Street) WAYNE PA 19087 | | | | | | | | | | | | | | | filed by More than | | • | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | s | | | | | |
| | | Tab | le I - N | lon-Deriv | vative | Sec | urities | s Ac | quired, l | Dis | posed | of, o | r Ben | eficially | y Owned | | | | |
| Date | | | | Date | Date Ex (Month/Day/Year) if | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | 3, 4 Securitie Beneficia Owned | | Form: (D) or Indire | Direct C E ect (I) C | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) (| | (Instr. 4) | | |
| Common Stock 05/04/20 | | | | | 2016 | | | | Α | | 7,067 | 7(1) | Α | \$0.00 | 26, | 061 | | D | |
| Common Stock | | | | | | | | | | | | | 40,4 | 40,400 | | I J | Held Jointly with spouse | | |
| | | | Tab | ole II - Der (e.g | | | | | quired, D s, options | | | | | | vned | | · | | |
| 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. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | e of S ar) Un Der | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followir Reporte Transac (Instr. 4) | ve es ally ng d tion(s) | 10. Ownershij Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficia O) Ownersh ect (Instr. 4) |
| | | | | | | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Director Stock Option (Right to Buy) | \$5.66 | 05/04/2016 | | | А | | 20,000 | | (2) | 0 | 5/04/2026 | Techr In Cor | nkor nology, nc. nmon tock | 20,000 | \$0.00 | 20,0 | 00 | D | |

Explanation of Responses:

1. These are restricted shares which vest 100% on the earlier of the first anniversary of the grant date, or the date of the first annual meeting of stockholders following the grant date

2. These options vest 100% on the earlier of the first anniversary of the grant date, or the date of the first annual meeting of stockholders following the grant date

Remarks:

Jerry C. Allison, Attorney-in-Fact for Roger A. Carolin 05/04/2016

** 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.