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

| Name and Address of Reporting Person* KIM JAMES J | | | | | | . Issuer Nan | | | | | | ool <mark>C</mark> [AMKI | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|--|--|------------|----------------|------|--|--|--|---------------------|---|--|-----|--|---|---|--|--|--|---|---|
| I | | | | | | . Date of Ea 4/01/2009 | | Trans | action | (Month/ | Day | /Year) |) | below) | (8 | | | (specify | |
| (Street) CHANDL | | Z tate) | 85286 (Zip) | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual 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/ | | | | | | Execut | on D | , | ate, Transaction Dis Code (Instr. an | | | Securities Acquired (A) isposed Of (D) (Instr. 3, and 5) | | | 5. Amount Securities Beneficial Owned Following | For (D) Ind | | wnership m: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | An | | A) or D) | Price | Reported Transactio (Instr. 3 ar | on(s) | | , | (, |
| 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) | Derivative Conversion or Exercise (Month/Day/Year) Execution Date, if Code (In: | | | | 5. Number of Derivative Securities Ac (A) or Dispos (D) (Instr. 3, 4 | Expir | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | | Title | Amour Number Shares | er of | | Reported Transaction(s) (Instr. 4) | | | |
| 6.00 % Convertible Senior Subordinated Notes Due 2014 | (1) | 04/01/2009 | | P | | \$150,000,00 |) | 04/0 | 1/2009 | 04/15/20 | 014 | Amkor Technology, Inc. Common Stock | 49,59 | 94,980 | \$150,000,000 | \$150,000 | 0,000 | I | by 915 Investments, LP ⁽²⁾ |

Explanation of Responses:

- 1. The notes may be converted at any time by the holder into shares of the Company's Common Stock at an initial conversion rate of 330.6332 shares of the Company's Common Stock per \$1,000 principal amount of notes, subject to certain adjustments, which represents a conversion price of approximately \$3.02 per share of Common Stock.
- 2. The reporting person is the general partner of 915 Investments, LP. $\,$

Remarks:

<u>Jerry C. Allison, Attorney in fact for James J. Kim</u>

04/02/2009

** 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.