(Last)

(First)

(Middle)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| this box if no longer subject |
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| ion 16. Form 4 or Form 5      |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer sub to Section 16. Form 4 or Form obligations may continue. See

| Instruc   | ction 1(b).      |   |            | Filed  |   |   |     |  |                |  | ties Exchang<br>Impany Act o |  | ī 1934   |   |   |          |   |   |                                |
|---|------------------|---|------------|--|---|---|-----|--|----------------|--|------------------------------|--|--|---|---|----------|---|---|--------------------------------|
| 1. Name and Address of Reporting Person*  BRIGADE CAPITAL MANAGEMENT,  LP               |                  |   |            | or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol MAGNACHIP SEMICONDUCTOR Corp  [ MX ] |   |   |     |  |                |  |                              | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner     Officer (give title below) |  |   |   |          |   |   |                                |
| (Last) (First) (Middle) 399 PARK AVENUE 16TH FLOOR                                      |                  |   |            | 10/3   | 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2020  4. If Amendment, Date of Original Filed (Month/Day/Year) |   |     |  |                |  |                              |  |  |   |   | un Filir |   |   |                                |
| (Street) NEW YORK NY 10022  |                  |   |            |  | ransolutions, baco of Original Filed (Month/bay/feal)   |   |     |  |                |  |                              |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person |   |          |   |   |                                |
| (City)  | (S               |   | Zip)       |  |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
| Table I - Non-Derivat  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |                  |   |            |  | on 2A. Deemed Execution Date,   |   |     | 3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Inst 5) |                |  | red (A)                      | or   | 5. Amou<br>Securitie<br>Benefici   | nt of<br>es<br>ally<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |          | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |   |                                |
|   |                  |   |            |  |   |   |     | Code   | v              | Amount   | (A) o<br>(D)                 | (A) or<br>(D) Price  |  | Transaction(s)<br>(Instr. 3 and 4)  |   |          |   |   |                                |
| Common  | Stock, par       | value \$.01 per sl                            | nare       | 10/30/2  | )20   |   |     |  | S              |  | 75,000                       | D  | \$   | 14.2  | 1,219,806   |          |   | I | See<br>footnote <sup>(1)</sup> |
|   |                  | Tal   | ble II     |  |   |   |     |  |                |  | osed of, c                   |  |  | •   | Owne  | d        |   |   |                                |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                     |                  |   |            | Transaction<br>Code (Instr.<br>8)  |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | e Exerc<br>tion D<br>n/Day/  |                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                              | D<br>S<br>(I   | 8. Price of Derivative Security (Instr. 5)  Security (Instr. 5)  General Securitic Owned Followin Reporter Transact (Instr. 4) |   | re Owners es Form: ally Direct (  or Indir g (I) (Insti           |          | Beneficial<br>Ownershi<br>ect (Instr. 4)              |   |                                |
|   |                  |   |            |  | Code  | v   | (A) | (D)  | Date<br>Exerci | sable  | Expiration<br>Date           | Title  | Amou<br>or<br>Numb<br>of<br>Share  | oer   |   |          |   |   |                                |
|   |                  | f Reporting Person <sup>*</sup><br>PITAL MANA | AGEI       | MENT, I  | <u>.P</u>   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
| (Last)<br>399 PAR<br>16TH FI  | RK AVENU<br>LOOR | (First)                                       | (N         | fiddle)  |   | -   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
| (Street) NEW Y  | ORK              | NY  | 10         | 0022   |   | -   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
|   |                  | (State)  f Reporting Person*  NALD E III      | (Z         | ip)  |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
|   |                  | (First)<br>PITAL MANAC<br>E, 16TH FLOOR       | EME        | niddle)  |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
| (Street) NEW Y  | ORK              | NY  | 10         | 0022   |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
| (City)  |                  | (State)                                       | (Z         | ip)  |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |
|   |                  | f Reporting Person*  Management               | <u>GP,</u> | LLC  |   |   |     |  |                |  |                              |  |  |   |   |          |   |   |                                |

| 399 PARK AVENUE<br>16TH FLOOR |         |       |  |  |  |  |  |
|-------------------------------|---------|-------|--|--|--|--|--|
| (Street) NEW YORK             | NY      | 10022 |  |  |  |  |  |
| (City)                        | (State) | (Zip) |  |  |  |  |  |

## **Explanation of Responses:**

1. The reported securities are directly owned by certain private fund clients of Brigade Capital Management, LP. The reported securities may be deemed beneficially owned by Brigade Capital Management, LP, the investment manager of such private fund clients, Brigade Capital Management GP, LLC, the general partner of Brigade Capital Management, LP, and Donald E. Morgan, III, the managing member of Brigade Capital Management GP, LLC, each a Reporting Person. Brigade Capital Management GP, LLC and Mr. Morgan each disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed to be an admission that each Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Brigade Capital Management,
LP, /s/ Donald E. Morgan, III,
Managing Member of its
General Partner

Donald E. Morgan, III, By: /s/ Donald E. Morgan, III 1/03/2020

**Brigade Capital Management** 

<u>GP, LLC, /s/ Donald E.</u> <u>Morgan, III, Managing</u>

11/03/2020

<u>Member</u>

\*\* 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.