FORM 4

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

Washington, D.C. 20549

n, D.C. 20549	OMB APPROVAL				
IN BENEFICIAL OWNERSHIP	OMB Number: 3235-0287				
IN BENEFICIAL CONTENSION	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).

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

STATEMENT OF CHANGES

Common Stock 03/23/			Execution Date, if any (Month/Day/Year)		Transa					Securit Benefic Owned Report Transa (Instr. 3	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
1. Title of Security (Instr. 3) 2. Transac			ction 2A. Deemed Execution Date, ay/Year) if any					(A) or	A) or 5. Amount of		(D) or Indirect	Beneficial Ownership		
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interested satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ended to					
(Street) SEOUL M5 07335										Form	Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
(Last) (First) (Middle) C/O MAGNACHIP SEMICONDUCTOR, LTD. 108, YEOUI-DAERO, YEONGDEUNGPO-GU			Date of Earliest Transaction (Month/Day/Year)     03/23/2023      High Amendment, Date of Original Filed (Month/Day/Year)					Line	See Remarks  6. Individual or Joint/Group Filing (Check Applicable Line)					
1. Name and Address of Reporting Person*  Park Chan Ho				2. Issuer Name <b>and</b> Ticker or Trading Symbol MAGNACHIP SEMICONDUCTOR Corp						(Che	eck all app Direc	licable) tor er (give title	ng Person(s) to  10% ( Other below	Owner (specify

Date

Exercisable

(A) (D)

Expiration Date

Explanation of Responses:

## Pomarke

General Manager of Power Solutions

/s/ Theodore Kim, Attorneyin-Fact

Amount or Number

Shares

Title

03/27/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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).

Code

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.