FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|------------------|---------------|--------------|------------------|

OMB APPROVAL OMB Number:

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| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 | 193 |
|---|-----|
| or Section 30(h) of the Investment Company Act of 1940 | |

| Name and Address of Reporting Person* <u>Kim Young-Joon</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol MAGNACHIP SEMICONDUCTOR Corp | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|-------|--|---|----------|--|--|------------------|-------|--|-----|---------------------|---|---|--|---|--------------------------------|---|---|--|--|
| | | | | | | MX] | | | | | | | | ` | X Dir | ector | 10% | Owner | | |
| (Last) | (Ei | ret) (I | Middlo) | | | | | | | | | | | _ | | icer (give title ow) | Oth belo | er (specify w) | | |
| (Last) (First) (Middle) 60 SOUTH MARKET STREET, SUITE 750 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2017 | | | | | | | | | See Remarks | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SAN JOS | SE CA | A 9 | 5113 | | | | | | | | | | | | | rm filed by One | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | rm filed by Mo rson | re than One R | eporting | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | ficia | lly Owi | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | | | d Seci Ben Owr | mount of irities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | of Indirect | | | | | |
| | | | | | | | Code | v | Amount | | A) or D) | Price | Tran | saction(s) r. 3 and 4) | | (1130.4) | | | | |
| Common Stock 05/0 | | | 05/04/ | 2017 | | | S ⁽¹⁾ | | 11,800 | | D | \$8.9 |) (2) | 59,075 | D | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owne | d | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. B) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | etr. 3 | 8. Price o Derivative Security (Instr. 5) | ive derivative y Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | of Sha | | | | | | | |

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 16, 2017.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.90 to \$8.905 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

Director and Chief Executive Officer

/s/ Theodore Kim, Attorney-in-05/08/2017

** 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.