FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| vvasiii | ngton, | D.C. | 20549 | |
|---------|--------|------|-------|--|
| | | | | |

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

| | OMB APPR | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average burden | | | | | | | |
| 1 | hours por rosponso: | 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

| 1. Name and Address of Reporting Person* Kuo David C (Last) (First) (Middle) C/O APPLIED OPTOELECTRONICS, INC. 13115 JESS PIRTLE BLVD. | | | | AF AA 3. D | Issuer Name and Ticker or Trading Symbol APPLIED OPTOELECTRONICS, INC. [AAOI] Date of Earliest Transaction (Month/Day/Year) 02/04/2016 | | | | | | | | | | all app Direct Office below | er (give title | | 10% C Other below) | Owner (specify | |
|--|--|--------------|------------------|------------------|---|--|---|-------|------------------|-----|---|--------------------|----------------------|--|---|---|---|--|--|-----------|
| (Street) SUGAR LAND TX 77478 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | | | Securities F Beneficially (| | Form: D (D) or In | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) |
| Common | Stock, \$.0 | 01 par value | | 02/04 | /2016 | | | | A ⁽¹⁾ | | 12,000 | 0 ⁽¹⁾ A | | \$ | 15,270 | | 5,270 | D |) | |
| | 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) | perivative Conversion Date Execution Date, cecurity or Exercise (Month/Day/Year) if any | | Date, y/Year) | Code (8) | I. Transaction Code (Instr. | | ative rities ired osed . 3, 4 | | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Dire or In (I) (II | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. These shares were granted in the form of Restricted Stock Awards (RSAs). The grant vests as to 1/8th of the total number of shares every six calendar months starting on February 4, 2017 until all shares have vested.

/s/ David C. Kuo

02/08/2016

** 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.