FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | |
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| 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).

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 (Color David C (Color Dav | | | | | AF | 2. Issuer Name and Ticker or Trading Symbol APPLIED OPTOELECTRONICS, INC. AAOI | | | | | | | | | | all app Dired | olicable) ctor er (give title | | Owner (specify | |
|---|--|--|------------------------|--------------------------------------|---|--|---|-------------------|--|---|--|---|----------------------|--|------|---|---|--|-------------------|--|
| (Last) (First) (Middle) C/O APPLIED OPTOELECTRONICS, INC. 13139 JESS PIRTLE BLVD. | | | | 01/3 | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2018 | | | | | | | | | General Counsel and Secretary | | | | J | | |
| (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 | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution ay/Year) if any | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | i (A) or : 3, 4 a | 4 and Se | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | : | Transaction(s) (Instr. 3 and 4) | | | (111341.4) | |
| Common Stock, \$.001 par value 01/3 | | | | | 01/31 | 31/2018 | | | | F | | 82(1) |) D \$3 | | \$32 | 20,771 | | .0,771 | 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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | Date, ny/Year) _ | 4. Transaction Code (Instr. 8) | | | rative rities ired r osed) | Expirat (Month | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Reflects shares surrendered to the Issuer to satisfy tax-withholding obligations upon the vesting of restricted stock award granted on January 30, 2015.

/s/ David C. Kuo

02/02/2018

** 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.