FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

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

| ı | OMB APPRO | JVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | len |
| | 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* Chen Min-Chu (Mike) (Last) (First) (Middle) C/O APPLIED OPTOELECTRONICS, INC. | | | | 2. Issuer Name and Ticker or Trading Symbol <u>APPLIED OPTOELECTRONICS</u> , INC. [AAOI] 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015 | | | | | | | | | | Relationship of Reporting (Check all applicable) Note of the control of | | | | g Person(s) to Issuer 10% Owner Other (specify below) | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------------------------|--|----------|------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|-------------------------|--|
| 13115 JESS PIRTLE BLVD. (Street) SUGAR LAND TX 77478 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Date Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and Securities For | | | | | | | | | Form | vnership :: Direct | 7. Nature of Indirect Beneficial | | | | | | | | | | |
| (Mont | | | | | | | if any (Month/Day/Yeaı | | Code (8) | v | 5) Amount | | (A) or (D) Price | | | Report Transa | l Following | | (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common Stock, \$.001 par value 07 | | | | 07/31 | 1/2015 | | | | A | | 2,827 | 7 | A \$0. | | 13,20 | | 3,262(1) | | 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 Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | Date, y/Year) | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) :. 3, 4 | | | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares | | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 0. ownership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. 1,914 shares are jointly held as community property under the name of the reporting person's spouse.

/s/ David C. Kuo for Min-Chu (Mike) Chen

08/04/2015

** 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.