

COVER SHEET

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[illegible]

(Company's Full Name)

N	O	R	T	H		S	C	I	E	N	C	E		A	V	E	N	U	E,		L	A	G	U	N	A			
T	E	C	H	N	O	P	A	R	K	-	S	E	Z,		B	O.		B	I	Ñ	A	N,		L	A	G	U	N	A

(Business Address: No. Street City / Town / Province)

ATTY. MARIA FRANCHETTE M. ACOSTA

Contact Person

7908-3346

Company Telephone Number

Month

Day

Fiscal Year

	2	3	-	B
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FORM TYPE

0	4
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2	2
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Month

Day

Annual Meeting

Secondary License Type, if Applicable

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Dept. Requiring this Doc.

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Amended Articles Number/Section

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Total No. Of Stockholders

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Domestic

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Foreign

Total Amount of Borrowings

To be accomplished by SEC Personnel concerned

[illegible]

File Number

LCU

LCU

[illegible]

Document I.D.

Cashier

Cashier

STAMPS

Remarks = pls. Use black ink for scanning purposes

SECURITIES AND EXCHANGE COMMISSION
Metro Manila, Philippines

FORM 23-B

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

☐ Check box if no longer subject to filing requirement

1. Name and Address of Reporting Person HUGHES LOUIS SYLVESTER		2. Issuer Name and Trading Symbol INTEGRATED MICRO-ELECTRONICS, INC.			7. Relationship of Reporting Person to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Tax Identification Number	5. Statement for Month/Year JULY 2025	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	<div style="display: flex; justify-content: space-between;"> <div>(give title below)</div> <div>(specify below)</div> </div> CHIEF EXECUTIVE OFFICER AND PRESIDENT			
(Street)			4. Citizenship	6. If Amendment, Date of Original (Month/Year)	<input checked="" type="checkbox"/> Officer				<input type="checkbox"/> Other	
(City)			(Province)			(Postal Code)				
Table 1 - Equity Securities Beneficially Owned										
1. Class of Equity Security		2. Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount of Securities Owned at End of Month		4. Ownership Form: Direct (D) or Indirect (I) *	6. Nature of Indirect Beneficial Ownership	
						%	Number of Shares			
COMMON SHARES AT P1.00 PAR VALUE		Beg. Bal.				0.22%	4,836,001	D - 1 sh.		
							Bal. as of 4/21/2025	I - 4,836,000 sh.	4,836,000 shares held thru PCD	
		7/11/2025	50,000	A	P2.22					
		7/11/2025	25,000	A	P2.32					
		7/11/2025	50,000	A	P2.23					
		7/11/2025	50,000	A	P2.21					
		7/11/2025	50,000	A	P2.30					
		7/11/2025	27,000	A	P2.16					
		7/11/2025	50,000	A	P2.30					
		End. Bal.				0.23%	5,138,001	D - 1 sh.		
							Bal. as of 7/11/2025	I - 5,138,000 sh.	5,138,000 shares held thru PCD	

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

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

- (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
- (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
- (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
- (A) held by members of a person's immediate family sharing the same household;
 - (B) held by a partnership in which such person is a general partner;
 - (C) held by a corporation of which such person is a controlling shareholder; or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FORM 23-B (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., warrants, options, convertible securities)[illegible]

Explanation of Responses:

Note: File three (3) copies of this form, one of which must be manually signed.
Attach additional sheets if space provided is insufficient.

July 16, 2025

LOUIS SYLVESTER HUGHES

Signature of Reporting Person

Date _____