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KLINE AL	LAN M													
Form 4														
May 12, 20	005													
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION											OMB APPROVAL			
Washington, D.C. 20549									ION	OMB Numb		3235-0287		
Check this box if no longer										Expir	es:	January 31 200		
subject to STATEMENT OF CHANGES IN BENEFICIAL Section 16. SECURITIES Form 4 or								burde	nated av en hours onse	rage	0.5			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940														
(Print or Type	e Responses)													
1. Name and KLINE AI	2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [SWKS]					5. Relationship of Reporting Person(s) to Issuer								
						(Check all applicable)								
				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify below) below)						
20 SYLVA	05/10/2005					VP and Chief Financial Officer								
1				nendment,] lonth/Day/Ye	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 									
WOBURN	I, MA 01801							Person	a oʻj 1.1		one nep	orning		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative	e Secu	rities A	Acquired, Dispos	sed of,	or Ber	neficially	ownee	ł	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transactio Code (Instr. 8)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	ership n: et (D) direct r. 4)	7. Natu Benefic Owner (Instr. 4	ship	direct						
G				Code V		or (D)	Price	(Instr. 3 and 4)						
Common Stock	05/10/2005			А	17,735 (1)	Α	\$0	22,485	D					
Common Stock								1,033 (2)	Ι		By 40	01(k) p	lan	
Common Stock								250 <u>(3)</u>	Ι			llan Kl lchildr		

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

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displays a currently valid OMB control number.

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	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
KLINE ALLAN M 20 SYLVAN ROAD WOBURN, MA 01801			VP and Chief Financial Officer					
Signatures								
By: Robert J. Terry, Attorney-In-Fact		05/12/200	95					
**Signature of Reporting Person		Date						

Explanation of Responses:

- * 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).
- (1) Restricted Stock granted under the Skyworks Solutions, Inc. 2005 Long-Term Incentive Plan. Stock vests in four (4) equal installments, beginning on May 10, 2006, and ending on May 10, 2009.
- (2) This total represents the number of shares of common stock held by the reporting person in the Skyworks Solutions, Inc. 401(k) plan. The information in this report is based on a plan statement dated 4/30/2005.

This total represents the number of shares of Skyworks common stock held by the Allan Kline Grandchildren's Trust. The reporting(3) person disclaims the beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for the purposes of Section 16 or for any other purposes.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.