WOBURN, MA 01801			(give title below) (specify below) Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)	Tal	ble I - Non-Der	vative Securi	ies Beneficially Owned			
1.Title of Security (Instr. 4)		Ben	Amount of Securitie reficially Owned tr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Inc Ownership (Instr. 5)	lirect Beneficial		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 control number. SEC 1473 (7-02)								
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerce Expiration D (Month/Day/Year) Date Exercisable		Amo	ving Convers	ve Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Shares

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Washington, D.C. 20549

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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Person(s) to Issuer

_X__ Director

Officer

4. Relationship of Reporting

(Check all applicable)

SKYWORKS SOLUTIONS INC [SWKS]

10% Owner

_ Other

(Print or Type Responses)

20 SYLVAN ROAD

Person *

(Last)

1. Name and Address of Reporting

SCHRIESHEIM ROBERT A

(First)

(Street)

(Middle)

Form 3

SKYWORKS SOLUTIONS INC

May 15, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3

Statement

(Month/Day/Year) 05/11/2006

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OMB APPROVAL

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

5. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting

Filed(Month/Day/Year)

Person

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1.0	Director	10% Owner	Officer	Other		
SCHRIESHEIM ROBERT A 20 SYLVAN ROAD WOBURN, MA 01801	ÂX	Â	Â	Â		
Signatures						
Robert J. Terry, Attorney-In-Fact	05/15/2006					
**Signature of Reporting Person		Date				
Evelopetion of De						

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.