SKYWORKS SOLUTIONS, INC.

Form 4

September 03, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Symbol

OMB APPROVAL

OMB Number: 3235-0287

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5. Relationship of Reporting Person(s) to

Issuer

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

Form 5 obligations may continue. See Instruction

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

See Instruction 1(b).

1. Name and Address of Reporting Person *

(Print or Type Responses)

ALDRICH DAVID J

			SKYWORKS SOLUTIONS, INC. [SWKS]				NC.	(Check all applicable)				
(Last) 20 SYLVA	` ,	(Month			Date of Earliest Transaction onth/Day/Year) //01/2015					X Director 10% OwnerX Officer (give title Other (specify below) Chairman and CEO		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WOBURN,							Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tabl	e I - Noi	n-D	erivative	Secur	ities Acqu	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	med on Date, if Day/Year)	3. Transa Code (Instr.	· / /			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	09/01/2015			$M_{\underline{1}}$		5,000	A	\$ 23.8	136,117	D		
Common Stock	09/01/2015			S <u>(1)</u>		1,400	D	\$ 84.71 (2)	134,717	D		
Common Stock	09/01/2015			S(1)		3,600	D	\$ 85.46 (3)	131,117	D		
Common Stock									19,094 (4)	I	By 401(k) plan	

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

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SEC 1474 (9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 23.8	09/01/2015		M <u>(1)</u>	5,000	<u>(5)</u>	11/09/2017	Common Stock	5,000

Reporting Owners

Reporting Owner Name / Address	lationships
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Director 10% Owner Officer Other

ALDRICH DAVID J

20 SYLVAN ROAD X Chairman and CEO

WOBURN, MA 01801

Signatures

Robert J. Terry, as Attorney-in-Fact for David J.
Aldrich
09/03/2015

**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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 5/4/2015.
- (2) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$84.27 per share to \$85.00 per share.
- (3) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$85.12 per share to \$86.00 per share.

Reporting Owners 2

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- (4) This total represents the number of shares of common stock held by the Reporting Person in the Skyworks Solutions, Inc. 401(k) plan based on the latest plan statement dated 8/31/2015.
- (5) This stock option vested in four (4) equal installments, beginning on 11/9/2011 and ending on 11/9/2014.

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.