Common Stock

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	PROVAL
OMB Number:	3235-02

Reported

Transaction(s)

(Instr. 3 and 4)

41,675

30,425

38,425

30,425

35,925

30,425

18,903

841(2)

(A) or (D)

A

D

A

D

A

D

D

Amount

11,250

11,250

8,000

8,000

5,500

5,500

11,522

Price

\$19.08

\$80

\$25.25

\$80

\$60.97

\$80

\$80

287 Estimated average burden hours per response: 0.5

(Instr. 4)

D

D

D

D

D

D

D

T

By

401(k)

plan

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FREYMAN BRUCE J				er Name and Ticke WORKS SO		ymbol S, <u>INC.</u> [SWKS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE				of Earliest Transac /2016	ction (Month/D	Day/Year)	X	below) EVP, Worldw)``			
(Street)			4. If An	nendment, Date of	Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
IRVINE	CA	92617					X	Form filed by One	e Reporting Pers	on		
(City)	(State)	(Zip)						Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		

Code

 $M^{(1)}$

S⁽¹⁾

M⁽¹⁾

S⁽¹⁾

 $M^{(1)}$

S⁽¹⁾

S⁽¹⁾

10/10/2016

10/10/2016

10/10/2016

10/10/2016

10/10/2016

10/10/2016

10/10/2016

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

	(e.g., puis, cans, warrants, options, conventible 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)	Code	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$19.08	10/10/2016		M ⁽¹⁾			11,250	(3)	11/10/2018	Common Stock	11,250	\$0.00	0	D	
Employee Stock Option (right to buy)	\$25.25	10/10/2016		M ⁽¹⁾			8,000	(4)	11/07/2020	Common Stock	8,000	\$0.00	16,000	D	
Employee Stock Option (right to buy)	\$60.97	10/10/2016		M ⁽¹⁾			5,500	(5)	11/10/2021	Common Stock	5,500	\$0.00	16,500	D	

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 2/11/2016.
- 2. 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 9/30/2016.
- $3. \ This stock option \ vested \ in four \ (4) \ equal \ installments, beginning \ on \ 11/10/2012 \ and \ ending \ on \ 11/10/2015.$
- 4. This stock option vests in four (4) equal installments, beginning on 11/7/2014 and ending on 11/7/2017.
- $5. \ This stock option \ vests \ in four \ (4) \ equal \ installments, beginning \ on \ 11/10/2015 \ and \ ending \ on \ 11/10/2018.$

Remarks:

** 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.