FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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 ar	2. I SF	2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
	_												10% Ov							
(Last)	(Fi	rst)	(Middle)		3. [3. Date of Earliest Transaction (Month/Day/Year)									icer (give title ow)		Other (s below)	specify		
20 SYLVAN ROAD							09/01/2015								Chairma	ın and	CEO			
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
WOBURN MA 01801															, , ,					
(City) (State) (Zip)					-										Form filed by More than One Reporting Person					
		Tab	le I - No	on-Deri	vative	Sec	uriti	ies Ac	quired	, Di	sposed o	of, or Be	neficia	lly Ow	ned					
Dat					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			5) Sec Ben Owi	mount of urities eficially ed Following	Form (D) or	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Trai	orted saction(s) r. 3 and 4)			(Instr. 4)		
Common	Stock	/2015				M ⁽¹⁾		5,000	A	\$23.	8	136,117		D						
Common Stock 09/01/2									S ⁽¹⁾		1,400	D	\$84.7	1(2)	134,717		D			
Common Stock 09/01/2									S ⁽¹⁾		3,600	D	\$85.4	5 ⁽³⁾	(3) 131,117		D			
Common Stock															19,094(4)		Ι .	By 401(k) plan		
		Т	able II								oosed of converti			y Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			4. Transa Code (8)		ion of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5	derivative Securitie	e (es fest f	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (right to	\$23.8	09/01/2015			M ⁽¹⁾			5,000	(5)		11/09/2017	Common Stock	5,000	\$0.00	63,48	34	D			

Explanation of Responses:

- 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.
- 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.

Remarks:

Robert J. Terry, as Attorney-in-Fact for David J. Aldrich

09/03/2015

** 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.