Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  PALETTE DONALD W					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [ SWKS ]									all applic Directo	cable) r	g Pers	son(s) to Iss	vner		
(Last) (First) (Middle) 20 SYLVAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2009									Officer (give title below)  V. P., Chief Fina			Other (s below) ial Officer			
(Street) WOBURN MA 01801 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Tab	ole I - Nor	n-Deriv	vativ	e Se	ecurities	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly C	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					or 5. Amou 4 and Securiti Benefici Owned		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock			11/1	0/200	9			A		7,381	(1) A	\$0.0	00	68,461			D			
Common Stock			11/1	0/200	9			F		3,081	(2) D	\$12.	07	65,380			D			
Common Stock														2,479 <sup>(3)</sup>			I	By 401(k) plan		
		-	Table II -								osed of, onvertil			y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (In				6. Date Ex Expiration (Month/Da	n Date	of Sec Underl Deriva		Title and Amount Securities nderlying erivative Security estr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O' Fo Illy Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option (Right to	\$12.07	11/10/2009			A		80,000		(4)	1	11/10/2016	Commor Stock	80,000	)	\$0.00	80,000	)	D		

## **Explanation of Responses:**

- 1. Unrestricted stock award under the Issuer's 2005 Long-Term Incentive Plan made as partial payment for an amount due to the Reporting Person under the Issuer's Fiscal 2009 Executive Incentive Plan.
- 2. Transfer of stock to the Issuer of the number of common shares determined to be sufficient to satisfy tax withholding obligations related to the issuance of unrestricted stock to the Reporting Person.
- 3. This total represents the number of shares of common stock held by the Reporting Person in the Issuer's 401(k) plan. The information in this report is based on the latest plan statement dated 11/01/2009.
- 4. Stock option granted under the Issuer's 2005 Long-Term Incentive Plan. The stock option vests in four (4) equal installments, beginning on 11/10/2010 and ending on 11/10/2013.

## Remarks:

/s/ Robert J. Terry, attorney-in-

11/13/2009

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

\*\* Signature of Reporting Person

- \* 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.