FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFIC	IAL OWNER	SHIP

	OMB APPF	ROVAL
	OMB Number:	3235-0287
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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

Name and Address of Reporting Person*     ALDRICH DAVID J						2. Issuer Name <b>and</b> Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (Middle)					X Director 10% Owner  X Officer (give title below) below)  Chairman and CEO  X Director 10% Owner  X Officer (give title below) below)													
(Street) WOBURN MA 01801 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Appl Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person									n				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					ction	ion 2A. Deemed Execution Date,		3. 4. Securitie Transaction Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		Form: Direct		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		-		(Instr. 4)			
Common	Stock			08/04/	3/04/2015				M <sup>(1)</sup>		2,500	A	\$2	\$23.8 133		617(2)		D	
Common	Stock			08/04/	2015	015		S <sup>(1)</sup>		2,500	D	\$90.	.83 <sup>(3)</sup> 131		1,117		D		
Common	Stock			08/05/	2015	015		<b>M</b> <sup>(1)</sup>		7,500	A	\$2	\$23.8 13		3,617	617			
Common Stock 08/05/20						015		S <sup>(1)</sup>		7,500	D	\$	\$90 13		1,117		D		
Common Stock						18,974 <sup>(4</sup>		974 <sup>(4)</sup>		I	By 401(k) plan								
	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)	ivative Conversion Date Execution Date, Turity or Exercise (Month/Day/Year) if any		4. Transa Code (I 8)	saction of E			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 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 Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$23.8	08/04/2015			M <sup>(1)</sup>			2,500	(5)		11/09/2017	Common Stock	2,50	00	\$0.00	92,500	)	D	
Employee Stock Option (right to buy)	\$23.8	08/05/2015			M <sup>(1)</sup>			7,500	(5)		11/09/2017	Common Stock	7,50	00	\$0.00	85,000	)	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.
- $2.\ This total\ includes\ 55\ shares\ purchased\ on\ 7/31/2015\ through\ the\ Skyworks\ Solutions,\ Inc.\ 2002\ Employee\ Stock\ Purchase\ Plan.$
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$90.80 per share to \$90.85 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 7/31/2015.
- $5. \ This stock option \ vested in four \ (4) \ equal \ installments, beginning \ on \ 11/9/2011 \ and \ ending \ on \ 11/9/2014.$

## Remarks:

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

08/06/2015

\*\* 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.