FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

1	Was	hingto	n, D.	C. 2	0549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>VEZINA VICTORIA</u>					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									icable) or	ng Person(s) to Issue		/ner	
(Last) (First) (Middle) 20 SYLVAN ROAD				3. Date of Earliest Transaction (Month/Day/Year) 11/10/2014									X Officer (give title Other (specify below) VP, Human Resources					
(Street) WOBUF			01801 (Zip)		4.	If Ame	endment, I	Date of	f Original	Filed	(Month/Da	ay/Year)			filed by One	e Reportir	ng Persor	n
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Acc	uired,	Dis	posed o	of, or Be	eneficia	Ily Owne				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic	es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct I	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock			11/1	0/201	4			A		2,179	(1) A S		00 24	24,577				
Common	Stock			11/1	0/201	4			F		712 ⁽²⁾) D	\$60.	60.97 23,865		D		
Common	Stock			11/1	0/201	4			A		7,500	(3) A	\$0.0	00 31	,365	D		
Common	Stock			11/1	.0/201	.4			F		2,449	(2) D	\$60.	D.97 28,916 D				
Common Stock														2	18(4)	I	4	By 401(k) plan
		-								•	osed of, onverti			y Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, (Month/Day/Year)		d Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable an Expiration Date (Month/Day/Year)		able and	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e Over Section Ove	vnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Common Stock (Right to	\$60.97	11/10/2014			A		14,000		(5)	1	1/10/2021	Commor Stock	14,000	\$0.00	14,00	10	D	

Explanation of Responses:

- 1. Unrestricted stock award under the Issuer's Fiscal 2014 Executive Plan made as partial payment for an amount due to the Reporting Person under the Issuer's Fiscal 2014 Executive 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. Represents 7,500 shares of common stock issued to the Reporting Person pursuant to a performance share award dated 12/9/2013. Such performance share award contained both a continued employment condition and a performance condition related to the achievement by the Issuer of certain pre-established performance metrics for fiscal year 2014.
- 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 10/31/2014.
- $5. \ This stock option \ vests \ in four \ (4) \ equal \ installments, beginning \ on \ 11/10/2015 \ and \ ending \ on \ 11/10/2018.$

Remarks:

Robert J. Terry, as Attorney-In-Fact for Victoria Vezina

11/13/2014

** Signature of Reporting Person

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.