FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

l	OMB APPE	ROVAL						
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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* GRIFFIN LIAM						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									ll applic Directo	able) r	g Pers	son(s) to Iss 10% Ov			
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/22/2017								X Officer (give title below) be President and CEO					specify		
(Street) IRVINE (City)	C.		92617 (Zip)		4.	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						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				ction	on 2A. Deemed Execution Date,		Cquired, Disposed Control of Code (Instr. Co			of, or Beneficially es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial				
					(Mo	nth/D	ay/Year)	8) Code	v	Amount	(A) or (D)	Price	- ₹	Owned F Reported Transact Instr. 3	tion(s)	(I) (In		Ownership (Instr. 4)			
Common Stock			11/22/2017				M ⁽¹⁾		16,250	A	\$25.2	25 65,		,397	D						
Common Stock			11/22/2017				S ⁽¹⁾		2,650	D	\$109.1	1 ⁽²⁾	62,	,747	D						
Common Stock			11/22/2017		Ť			S ⁽¹⁾		13,600	D	\$109.6	⁽³⁾ 49,1		,147	D					
Common Stock													11,702(4)		702 ⁽⁴⁾		Ι .	By 401(k) plan			
		-	Table II								posed of, convertil			y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	on Date,	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/N		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Deri	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Own Silly Dir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares								
Employee Stock Option (right to	\$25.25	11/22/2017			M ⁽¹⁾			16,250	(5))	11/07/2020	Common Stock	16,250	\$	0.00	0		D			

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 8/15/2017.
- $2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$109.04\ per\ share\ to\ \$109.19\ per\ share.$
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$109.22 per share to \$110.21 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 10/31/2017.
- 5. This stock option vested in four (4) equal installments, beginning on 11/7/2014 and ending on 11/7/2017.

Remarks:

<u>Daniel L. Ricks, as Attorney-in-Fact for Liam K. Griffin</u>

11/24/2017

** 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.