FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|-----------|-----------|-----------------|-----------|

| l | OMB APPRO | VAL | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | | |
| | 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

| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|-----------------------------|---|-------|---|--|---------------------------------|-------------------------------|---------|----------|---|--------------|----------------------------|--|---|---|--|
| GRIFFIN LIAM | | | | | | SICT WORKS SOLUTIONS, INC. [SWKS] | | | | | | | 1,0 | X | X Director | | 10% | Owner |
| (Last) 5221 CA | (Fii LIFORNIA | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2017 | | | | | | | X | Officer (give title below) | | Other below t and CEO | (specify) | |
| (Street) IRVINE (City) | C.A. | | 02617 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | on 2A. Deemed Execution Date, | | oate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | d 5) | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (111311. 4) |
| Common Stock 07/2 | | | | 07/25/2 | 2017 | | | | S ⁽¹⁾ | | 6,764 | D | \$105 | .14(2) | 5 | 54,310 | D | |
| Common Stock 07/ | | | | 07/25/2 | /2017 | | | | S ⁽¹⁾ | | 1,292 | D | \$106 | .21 ⁽³⁾ | 5 | 3,018 | D | |
| Common Stock | | | | | | | | | | | | | | | 1,704(4) | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, Transaction | | | Instr. | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Expira (Month | tion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | - | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 6/2/2017.
- $2. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$105.00 per share to \$105.37 per share.$
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$105.43 per share to \$106.39 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 6/30/2017.

Remarks:

Daniel L. Ricks, as Attorneyin-Fact for Liam K. Griffin

07/27/2017

** 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.