Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE
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ES 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 * $\underline{Tremallo\ Mark\ V\ B}$						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]								Relationship neck all appli Directo	cable) or	g Pers	10% Ov	vner	
(Last) (First) (Middle) 20 SYLVAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015								helow)			Other (s below)	`		
(Street) WOBUF			01801 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form f Form f	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - No	n-Deri	vativ	e Se	curi	ties Ac	1	, Dis	sposed o	f, or Be	neficia	ly Owned	I		1		
Date					nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
						(monanzuj/rour)		Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Instr. 4)		
Common Stock				08/12/2015					M ⁽¹⁾		10,000	A	\$19.0	8 32	,503	D			
Common Stock 08/					2/2015				S ⁽¹⁾		3,200	D	\$86.74	1 ⁽²⁾ 29	,303	D			
Common Stock 08/1				08/12	/2015				S ⁽¹⁾		6,800	D	\$87.26	5 ⁽³⁾ 22	22,503		D		
Common Stock												1		1,505 ⁽⁴⁾		I	By 401(k) plan		
		-	Table II								oosed of, convertil			Owned		•			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	n Date,	4. Transa Code (8)		n of		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$19.08	08/12/2015			M ⁽¹⁾			10,000	(5)		11/10/2018	Common Stock	10,000	\$0.00	10,10	0	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. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$86.58 per share to \$86.85 per share.
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$86.86 per share to \$87.85 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 vests in four (4) equal installments, beginning on 11/10/2012 and ending on 11/10/2015.

Remarks:

Robert J. Terry, as Attorney-in-Fact for Mark V.B. Tremallo

08/14/2015

** 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.