### 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

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance:	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>ALDRICH DAVID J</u>					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								5. Relationship of Reporting (Check all applicable)  X Director				on(s) to Issu 10% Ow		
(Last) (First) (Middle) 20 SYLVAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2016								X	below)	r (give title ) Executive Cha		Other (s below)	pecify	
(Street)	treet) VOBURN MA 01801					4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	<b>,</b>				1
(City)	(S	tate)	(Zip)												Person				
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficially Owned Following Reported		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership		
											Amount			(A) or (D)	Price	ion(s)			(Instr. 4)
Common Stock			06/21/2016					M <sup>(1)</sup>		10,000	A	\$20	.02 150		0,327		D		
Common Stock			06/2	06/21/2016				S <sup>(1)</sup>		380	D	\$65.	86 <sup>(2)</sup>	149	),947		D		
Common Stock			06/21/2016					S <sup>(1)</sup>		9,620	D	\$66.	68 <sup>(3)</sup>	140	),327		D		
Common Stock			06/2	06/21/2016				S <sup>(1)</sup>		5,000	D	\$66.	57 <sup>(4)</sup> 135		5,327		D		
Common Stock														19,431 <sup>(5)</sup>			I	By 401(k) plan	
		7	Γable II ·								osed of, converti				wned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea		4. Transa Code ( 8)				6. Date E Expiratio (Month/E	on Da		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivati Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (Ces   Ces   Ces	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	Amour or Number of Shares	mber					
Employee Stock Option (right to buy)	\$20.02	06/21/2016			M <sup>(1)</sup>			10,000	(6)		11/08/2019	Common Stock	10,00	00	\$0.00	82,784	4	D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 2/11/2016.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$65.80 per share to \$65.88 per share.
- $3. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$65.91 \ per share to \$66.90 \ per share.$
- 4. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$65.87 per share to \$66.76 per share.
- 5. 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 5/31/2016.
- 6. This stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.

# Remarks:

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

06/23/2016

\*\* 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.