FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	PROVAL
OMB Number:	3235-028

37 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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					15	SKI WOMO SOLOTIONO, INC. [SWKS]										X Direct	Director		10% Owner		
(Lact)	(E	irct)	(Middlo)		3. [Date	of Earli	iest Tran	sactio	on (Mo	nth/	Day/Year)			_ :	X Office below	r (give title		Other (s	specify	
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2019										President and CEO					
5221 CALIFORNIA AVENUE																					
(Street)					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
IRVINE	C	A	92617											- 1	X Form filed by One Reporting Person						
-					-													re thai	n One Repo	rting	
(City)	(S	tate)	(Zip)													Perso	11				
		Tab	le I - No	n-Deriv	/ative	Se	curit	ies Ac	qui	red,	Dis	posed o	of, or	Bene	eficial	ly Owne	d				
1. Title of	Security (Ins	tr. 3)		2. Trans	action							ities Acquired (A)			5. Amount of				7. Nature		
				Date (Month/I	Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		c	Transaction Code (Instr.					3, 4 and	Securit Benefic		(D) o	r Indirect	of Indirect Beneficial Ownership	
						´ -			´ L		-	(A) or			Reporte	ed	""		(Instr. 4)		
									ď	Code	v	Amount	ì	A) or D)	Price	(Instr. 3					
Common Stock				10/31	0/31/2019				1	M ⁽¹⁾		5,000		Α	\$84.8	9 70	70,320		D		
Common Stock				10/31	31/2019					S ⁽¹⁾		5,000)	D	\$90.5	9 65	65,320		D		
																				By	
Common Stock																12,213(2)				401(k)	
																				plan	
		-	Гable II -													Owned					
				(e.g., p	outs,	call	s, wa	arrants	s, op	otion	s, c	onverti	ble s	ecuri	ities)						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution	Date,		ransactio		n of I		iration	Date			nt of		8. Price of Derivative	9. Number	.	10. Ownership	11. Nature of Indirect	
Security (Instr. 3) Or Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)					y/Year) Code (II		Sec	Securities		nth/Day	//Yea	r)	Unde	Securities Underlying		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
	Derivative Security					Acquired (A) or				Derivative Secu (Instr. 3 and 4)							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
								Disposed of (D)									Reported Transaction(s)				
							(Instr. 3, 4 and 5)										(Instr. 4)				
				Γ							T			A	mount						
									Date	•		xpiration			lumber						
					Code	v	(A)	(D)		rcisabl		ate	Title		hares						
Employee Stock													C								
Option (right to	\$84.89	10/31/2019			M ⁽¹⁾			5,000		(3)	1	1/09/2022	Stoc		5,000	\$0.00	27,250)	D		
buy)	I	ı	1			ı		1 1			- 1		I	- 1			1			1	

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 8/19/2019.
- 2. 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 10/31/2019.
- 3. This stock option vests in four (4) equal installments, beginning on 11/9/2016 and ending on 11/9/2019.

Remarks:

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

11/01/2019

** 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.