FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

1. Name and Address of Reporting Person* GRIFFIN LIAM						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]								5. Relationship of Reportir (Check all applicable) X Director			10% Owner	
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/29/2019									Officer (give title Other (specify below) President and CEO				
(Street) IRVINE CA 92617				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						ive Securities Acquired, Disposed of, or Benefic												
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				tion	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 3, 4) 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			d (A) or	5. Am Secur Bener Owne	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			11/29/2	/2019				M ⁽¹⁾		9,750	A	\$64.59		9,287),287		
Common Stock			11/29/2	/2019				S ⁽¹⁾		9,750	D	\$98.8	7(2)	69,537		D		
Common Stock			11/29/2	2019				M ⁽¹⁾		250	A	\$77.	66	59,787	9,787			
Common Stock 11/				11/29/2	2019				S ⁽¹⁾		250	D	\$98.8	7 (2)	9,537		D	
Common Stock													1	12,194 ⁽³⁾		I	By 401(k) plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
		Transa Code (I	ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s Illy	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)					
					Code	V	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amoun or Numbe of Shares	r				
Employee Stock Option (right to buy)	\$64.59	11/29/2019			M ⁽¹⁾			9,750	(4)		05/11/2023	Common Stock	9,750	\$0.00	26,75	0	D	
Employee Stock Option (right to buy)	\$77.66	11/29/2019			M ⁽¹⁾			250	(5)		11/09/2023	Common Stock	250	\$0.00	39,38	3	D	

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.
- $2. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$98.32 per share to \$99.31 per share.$
- 3. 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 11/30/2019.
- 4. This stock option vests in four (4) equal installments, beginning on <math>5/11/2017 and ending on 5/11/2020.
- 5. This stock option vests in four (4) equal installments, beginning on 11/9/2017 and ending on 11/9/2020.

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

12/03/2019

Remarks:

** 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.