FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	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 ar		2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner											
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s			
20 SYLVAN ROAD							11/25/2015									Chairman and CEO					
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
WOBURN MA 01801													X Form filed by One Reporting Person								
(City)	(S	tate)											Form filed by More than One Reporting Person				rting				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			and 5) Securition Benefici Owned I		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common	Stock			11/25/2015				M ⁽¹⁾		5,000	A	\$19.	08	239	9,620		D				
Common Stock 11/25/						2015					400	D	\$79	.1	1 239,220		D				
Common	/2015				S ⁽¹⁾		4,600	D	\$79.7	⁷ 1 ⁽²⁾	234,620			D							
Common Stock 11/25/20									S ⁽¹⁾		400	D	\$79.1	2 ⁽³⁾	234,220			D			
Common Stock 11/25/20									S ⁽¹⁾		4,600	D	\$79.7	⁷ 1 ⁽²⁾	1 ⁽²⁾ 229,620			D			
Common Stock															19,147(4)			Ι .	By 401(k) plan		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															<u></u>						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	med on Date,	4. Transa Code (8)	ction	5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. De Se (In	B. Price of Derivative Decurity Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s i lly i	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	Amoun or Numbe of Shares	r							
Employee Stock Option (right to buy)	\$19.08	11/25/2015			M ⁽¹⁾			5,000	(5)		11/10/2018	Common Stock	5,000		\$0.00	90,000)	D			

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 8/7/2015.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$79.17 per share to \$80.16 per share.
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$79.10 per share to \$79.15 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 10/31/2015.
- 5. This stock option vested in four (4) equal installments, beginning on 11/10/2012 and ending on 11/10/2015.

Remarks:

Robert J. Terry, as Attorney-In-11/30/2015 Fact for David J. Aldrich

** 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.