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 CHANGES IN	N 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* PALETTE DONALD W						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 20 SYLV	(F /AN ROAD	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/06/2015										Officer (give title below) EVP & CF			specify
(Street) WOBURN MA 01801			4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)	n_Deriv	/ativ		ocurit	ios Ac	auired	Die	enosed (of or	Rone	ficially	v Owned				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/II						2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Secu Transaction Dispos Code (Instr. 5)		4. Secur	urities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
Common	Common Stock		11/06	11/06/2015				M ⁽¹⁾		10,00	00	0 A \$		2 38	38,617		D		
Common	Stock			11/06	5/201	5			S ⁽¹⁾		10,00	00) D		28	28,217		D	
Common Stock			11/06	11/06/2015				M ⁽¹⁾		10,00	00 A		\$25.25	38	38,617		D		
Common Stock			11/06	1/06/2015				S ⁽¹⁾		10,00	00	D	\$85	28,617			D		
Common Stock													4,6	4,628(2)		Ι .	By 401(k) plan		
		-	Table II -								osed of				Owned			,	*
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution or Exercise (Month/Day/Year) if any		Date,	ate, Transaction Code (Instr		on of		6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	0 0	lumber					
Employee Stock Option (right to buy)	\$20.02	11/06/2015			M ⁽¹⁾			10,000	(3)		11/08/2019	Com		0,000	\$0.00	21,000)	D	
Employee Stock Option (right to	\$25.25	11/06/2015			M ⁽¹⁾			10,000	(4)		11/07/2020	Com		0,000	\$0.00	30,000)	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. 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.
- 3. This stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.
- 4. This stock option vests in four (4) equal installments, beginning on 11/7/2014 and ending on 11/7/2017.

Remarks:

Robert J. Terry, as Attorney-in-Fact for Donald W. Palette

** Signature of Reporting Person

11/10/2015

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.