Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF
Section 16. Form 4 or Form 5	
obligations may continue. See	

CHANGES IN 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* GRIFFIN LIAM						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]										tionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issuer		vner
(Last) 5221 CA	(F LIFORNIA	,	(Middle)			B. Date of Earliest Transaction (Month/Day/Year) 08/27/2015									X	Officer below)		sident	Other (s below)	specify
(Street) IRVINE (City)	C.		92617 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indir ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - No	n-Deriv	ative	e Se	curit	ties Ac	quired	, Di	sp	osed o	f, or Be	nefici	ally	Owned				
'''' ''' [2. Transaction Date (Month/Day/Yea		(Year) Execution		emed tion Date, n/Day/Year)	Code	Transaction Code (Instr.						5. Amou Securitie Beneficia Owned F	s ally following	Form (D) o	ı: Direct r Indirect ıstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v		Amount	(A) o	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/27	/2015	5			M ⁽¹⁾			12,500	0 A	\$19	80.0	33,	089		D	
Common	Stock			08/27	/2015	5			S ⁽¹⁾			12,500	0 D	\$88	3.94	20,	589		D	
Common Stock			08/27	08/27/2015				M ⁽¹⁾			15,000	0 A	\$20	0.02	35,589			D		
Common	Stock			08/27	/2015	5			S ⁽¹⁾			15,000	00 D		90	20,589			D	
Common	Stock														11		355 ⁽²⁾		I	By 401(k) plan
		-	Table II -									sed of, onvertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d 4 Date, T	ransaction ode (Instr.		5. Number		6. Date I Expirati (Month/I	Exerc	isa ate	ble and	7. Title ar of Securi Underlyin Derivativ (Instr. 3 a	id Amou ties ig e Securit	nt 8	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	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		xpiration ate	Title	Amour or Number of Shares	er					
Employee Stock Option (right to buy)	\$19.08	08/27/2015]	M ⁽¹⁾			12,500	(3)		11	1/10/2018	Common Stock	12,50	0	\$0.00	12,500)	D	
Employee Stock Option (right to	\$20.02	08/27/2015		1	M ⁽¹⁾			15,000	(4)		11	1/08/2019	Common Stock	15,00	0	\$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 7/31/2015.
- 3. This stock option vests in four (4) equal installments, beginning on 11/10/2012 and ending on 11/10/2015.
- 4. This stock option vests in four (4) equal installments, beginning on <math>11/8/2013 and ending on 11/8/2016.

Remarks:

Robert J. Terry, as Attorney-in-Fact for Liam K. Griffin

08/28/2015

** 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.