FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF 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* <u>ALDRICH DAVID J</u>						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								5. Relationship of Rep (Check all applicable) X Director		Reporting Person(s) to Issuer le) 10% Owner		
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2016								X Officer (give title below) Other (specibelow)  Executive Chairman				pecify
Street) WOBURN MA 01801  (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					action	2 Ear) if	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amount of Securities Beneficially Owned Following		6. Owners Form: Dire (D) or Indir (I) (Instr. 4)	ct c ect E	of Indirect t Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 06/14/2					4/2016	2016			M <sup>(1)</sup>		10,000	A	\$20.0	2 155,327		D		
Common Stock 06/14/2					4/2016	2016			S <sup>(1)</sup>		10,000	D	\$64.83	(2) 145	5,327	D		
Common Stock 06/14/				4/2016	2016			S <sup>(1)</sup>		5,000	D	\$64.83	(3) 140,327		D			
Common Stock													19,431(4)		I	4	3y 401(k) olan	
		-	Γable II ·								oosed of, converti			Owned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	Code (In:				6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Form Director In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$20.02	06/14/2016			M <sup>(1)</sup>			10,000	(5)		11/08/2019	Common Stock	10,000	\$0.00	92,784	4	D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 2/11/2016.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$64.42 per share to \$65.09 per share.
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$64.46 per share to \$65.08 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 5/31/2016.
- 5. This stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.

## Remarks:

Robert J. Terry, as Attorney-In-Fact for David J. Aldrich

\*\* Signature of Reporting Person

06/16/2016

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.