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

Name and Address of Reporting Person*     GRIFFIN LIAM						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								eck all appli Directo	or		10% Owner		
(Last) 5221 CA	(First) (Middle) ALIFORNIA AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2014								X Officer (give title Other (specify below)  President					
(Street) IRVINE CA 92617 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form f Form f	Form filed by More than One Reporting Person Form foled by More than One Reporting Person					
		Tak	ole I - No	n-Deriv	/ative	Se	curit	ties Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (1 8)		4. Securitie Disposed (	es Acquired Of (D) (Instr	I (A) or . 3, 4 and 5	Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06					/2014				M		25,000	A	\$7.18	66	,016	D			
Common Stock 06/04/					/2014				S	S		D	\$46.36	(1) 41	41,016		D		
Common Stock 06/04					/2014				M		20,000	A	\$12.0	7 61	,016		D		
Common Stock 06/04/2					/2014	:014			S		20,000	D	<b>\$46.36</b> <sup>(1)</sup> 41		,016		D		
Common Stock														11,	11,272 <sup>(2)</sup>		I	By 401(k) plan	
			Table II								osed of, convertil			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	ed 4	4. Transac Code (II	ction	5. Number of		6. Date E	6. Date Exercisal Expiration Date (Month/Day/Year		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$7.18	06/04/2014			М			25,000	(3)		11/04/2015	Common Stock	25,000	\$0.00	0		D		
Employee Stock Option (right to	\$12.07	06/04/2014			М			20,000	(4)		11/10/2016	Common Stock	20,000	\$0.00	0		D		

## **Explanation of Responses:**

- 1. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$46.35 per share to \$46.41 per share.
- 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 05/31/2013.
- 3. The stock option vested in four (4) equal installments, beginning on 11/4/2009 and ending on 11/4/2012.
- 4. This stock option vested in four (4) equal installments, beginning on 11/10/2010 and ending on 11/10/2013.

## Remarks:

Robert J. Terry, as Attorney-in-

06/06/2014

Fact for Liam K. Griffin \*\* 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.