FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 and Address of Reporting Person*					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 Officer (give title Other (specify						
(Last) 20 SYLV	(Fi 'AN ROAD	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/27/2008								1	below)	officer (give title Other (spe below) below) VP, GC and Secretary					
(Street) WOBUE	•						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si		(Zip)	- Davis			:4:	4-		Dia			2000							
1. Title of Security (Instr. 3)			2. Trans	. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	rect lirect 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D) or)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock				05/27	7/2008				M ⁽¹⁾		8,750	0 A S		\$6.73	3 59	59,348				
Common Stock				05/27	05/27/2008				S ⁽²⁾		8,750	0 D		\$9.49	50	50,598				
Common Stock				05/28	05/28/2008				S		1,812		D	\$9.75	48	48,786				
Common Stock			05/28	8/2008				S		907		D	\$9.99	47,879		D				
Common Stock														6,181 ⁽³⁾		I		By 401 (k) plan		
		Т	able II -								osed of onverti				Owned		,			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date,	4. Transaction Code (Instr. 8)		n of E		Expiration	. Date Exercisable and xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Ily Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	O N O	umber						
Common Stock (Right To	\$6.73	05/27/2008			M			8,750	(4)	1	1/07/2013	Commo		3,750	\$0.00	26,250		D		

Explanation of Responses:

- 1. The stock option exercise reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 5/23/2007.
- 2. The sale of common stock reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 5/23/2007.
- 3. This total represents the number of shares of common stock held by the reporting person in the Skyworks Solutions, Inc. 401(k) plan. The information in this report is based on the latest plan statement dated
- 4. The stock option vests in four (4) equal annual installments, beginning on 11/7/2007 and ending 11/7/2010.

Remarks:

Robert J. Terry, Attorney-In-

05/29/2008

Fact

** 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.