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
Instruction 1(h)

## 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 ]								Relationship ( neck all applic X Directo	cable)	g Pers	son(s) to Iss 10% Ov	
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015								X Officer (give title below) Other (specify below)  Chairman and CEO				specify
(Street) WOBUR (City)	WOBURN MA 01801					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				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					action	2/ Ex	A. Deemed (xecution Date, any Month/Day/Year)		3.		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amou Securiti	int of	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock					2/25/2015				M <sup>(1)</sup>		25,000	A	\$23.8	3 179,782			D	
Common Stock 02/25					5/2015				S <sup>(1)</sup>		1,400	D	\$87.85	2) 178,382			D	
Common Stock 02/25/					5/2015				S <sup>(1)</sup>		23,600	D	\$88.42	(3) 154,782			D	
Common Stock													18,869(4)			I	By 401(k) plan	
		-	Table II								oosed 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 n Date,	4. Transa Code ( 8)	ction	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		sable and 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 Beneficiall 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	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$23.8	02/25/2015		M <sup>(1)</sup>				25,000	(5)		11/09/2017	Common Stock	25,000	\$0.00	95,00	0	D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 8/21/2014.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$87.78 per share to \$87.92 per share.
- $3. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$87.93 per share to \$88.92 per share.$
- 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 1/31/2015.
- 5. This stock option vested in four (4) equal installments, beginning on 11/9/2011 and ending on 11/9/2014.

## Remarks:

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

02/27/2015

\*\* 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.