FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 APF	'ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
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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>Tremallo Mark V B</u>						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [SWKS]									elationship o ck all applio Directo	cable) or	g Persor	10% Ow	ner
(Last) (First) (Middle) 20 SYLVAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2008									X	below)	Officer (give title below) Other (specify below) VP, GC and Secretary			
(Street) WOBUF	RN M	ÍΑ	01801		4.	I. 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					
(City)	(S	tate)	(Zip)												Persor	1			
			le I - No							Dis	<u>.</u>							1-	
			2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.						5. Amount of Securities Beneficially Owned Followin	es ally	6. Owner Form: D (D) or Ir (I) (Insti	Direct o	7. Nature of Indirect Beneficial Ownership	
						(Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock			06/04/2008		8			M ⁽¹⁾		14,52	20 A \$		\$8.93	62	62,399				
Common Stock			06/0	06/04/2008				S ⁽²⁾		14,52	20 D S		10.49	47,879		I)		
Common Stock			06/0	06/04/2008				S ⁽²⁾		5,971	1 D		10.76	41,908		I)		
Common	Stock			06/0)4/200	8			S ⁽²⁾		5,971	l E	\$	10.75	35,	,937)	
Common Stock														6,1	73 ⁽³⁾	I	[4	By 101(k) olan	
		-	Table II -								osed of, onverti				Owned		,	,	
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	Date,	Code (Instr				6. Date Exercis Expiration Date (Month/Day/Yea		•	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O S Illy D OI (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	or	ount mber ires					
Common Stock (Right To	\$8.93	06/04/2008			M			14,520	(4)	1	11/10/2014	Commo	14,	520	\$0.00	4,839		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 <math>11/10/2005 and ending 11/10/2008.

Remarks:

Robert J. Terry, Attorney-In-

06/06/2008

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.