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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Addr GASPARIN		5	2. Issuer Name and Ticker or Trading Symbol <u>SKYWORKS SOLUTIONS, INC.</u> [SWKS]		ationship of Reporting Po k all applicable) Director	10% Owner
(Last) 20 SYLVAN R	t) (First) (Middle) SYLVAN ROAD		3. Date of Earliest Transaction (Month/Day/Year) 07/22/2016	X	Officer (give title below) VP, Human R	Other (specify below) esources
(Street) WOBURN (City)	MA (State)	01801 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indir Line) X	vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person	eporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v			Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	07/22/2016		М		1,129	A	(1)	6,122	D	
Common Stock	07/22/2016		F		366	D	\$64.81	5,756	D	
Common Stock								446 ⁽²⁾	Ι	By spouse
Common Stock								787 ⁽³⁾	I	By 401(k) plan

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puis, cais, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	07/22/2016		М			1,129	(4)	(4)	Common Stock	1,129	\$0.00	3,387	D	

Explanation of Responses:

1. Restricted stock units convert into shares of common stock on a one-for-one basis.

2. This total represents the number of shares of common stock held by the spouse of the Reporting Person. The Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for the purposes of Section 16 or for any other purposes.

3. 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 6/30/2016.

4. The restricted stock units vest in four (4) equal installments beginning on 7/22/2016 and ending on 7/22/2019.

Remarks:

Robert J. Terry, as Attorney-in-07/26/2016 Fact for Laura A. Gasparini

** 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.