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 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* FREYMAN BRUCE J						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [SWKS]								heck a	all applic Directo	cable) or	g Pers	10% Ov	vner	
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/10/2009								X Officer (give title below) Other (specify below) Vice President - WW Operations						
(Street) IRVINE CA 92617 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			ole I - No	n-Deriv	vativ	e Se	curities	s Ac	quired	Dis	posed o	of, or Be	neficia	lly O	wned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D:					saction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A)			or 5. Amou 4 and Securitie Benefici Owned F		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) o	r Price	- 11	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/10						9			A		7,874	7,874 ⁽¹⁾ A		00	96,369			D		
Common Stock 11/10					0/200	9			F		3,676 ⁽²⁾ D		\$12	.07	92,693			D		
Common Stock															5,472 ⁽³⁾			I	By 401(k) plan	
			Table II -								osed of, onverti			y Ov	vned			,		
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,	4. Transa Code (8)				6. Date E Expiration (Month/D	n Date)	of Securi Underlyii Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares							
Employee Stock Option (Right to	\$12.07	11/10/2009			A		75,000		(4)		11/10/2016	Common Stock	75,00	\$	60.00	75,000	0	D		

Explanation of Responses:

- 1. Unrestricted stock award under the Issuer's 2005 Long-Term Incentive Plan made as partial payment for an amount due to the Reporting Person under the Issuer's Fiscal 2009 Executive Incentive Plan.
- 2. Transfer of stock to the Issuer of the number of common shares determined to be sufficient to satisfy tax withholding obligations related to the issuance of unrestricted stock to the Reporting Person.
- 3. This total represents the number of shares of common stock held by the Reporting Person in the Issuer's 401(k) plan. The information in this report is based on the latest plan statement dated 11/01/2009.
- 4. Stock option granted under the Issuer's 2005 Long-Term Incentive Plan. The stock option vests in four (4) equal installments, beginning on 11/10/2010 and ending on 11/10/2013.

Remarks:

/s/ Robert J. Terry, attorney-in-

11/13/2009

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** Signature of Reporting Person

- * 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.