## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	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:	3235-0287							
Estimated average bu	urden							
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 <b>and</b> Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								Relationship ( neck all applic X Directo	cable)	ng Person(s) to	lssuer Owner		
(Last) (First) (Middle) 20 SYLVAN ROAD				3. Date of Earliest Transaction (Month/Day/Year) 04/05/2016								helow)			r (specify v)			
(Street)	RN M	ΙA	01801		4. If Amendment, Date o					al File	d (Month/Da	ay/Year)		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	Person			
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ties Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)					irities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Follow Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					ı					v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)		(1130.4)	
Common	Stock			04/05	4/05/2016				M <sup>(1)</sup>		10,000	A	\$23.	8 205,327		D		
Common	Stock			04/05	5/2016	2016			S <sup>(1)</sup>		300	D	\$76.2	5 205,027		D		
Common	Stock			04/05	5/2016	5			S <sup>(1)</sup>		9,700	D	\$76.83	195	5,327	D		
Common	Stock			04/05	5/2016	6			S <sup>(1)</sup>		5,000	D	\$76.82	190	190,327			
Common Stock											19,299(4)		I	By 401(k) plan				
			Table II								osed of, converti			Owned				
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date,	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$23.8	04/05/2016			M <sup>(1)</sup>			10,000	(5)		11/09/2017	Common Stock	10,000	\$0.00	3,484	4 D		

# **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 2/11/2016.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$76.39 per share to \$77.37 per share.
- $3. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$76.25 per share to \$77.22 per share.$
- 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 3/31/2016.
- $5. \ This stock option \ vested \ in four \ (4) \ equal \ installments, beginning \ on \ 11/9/2011 \ and \ ending \ on \ 11/9/2014.$

#### Remarks:

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

04/07/2016

\*\* Signature of Reporting Person

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.