Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT O	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>LEVAN GEORGE</u>					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [SWKS]										k all applic Directo	cable) r	ig Person(s) to Iss		ner
(Last) 20 SYLV	(F VAN ROAD	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/07/2006									X	below)		Other (specify below) n Resources		респу
(Street) WOBUR			01801		4.1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X					
(City)	(S		(Zip)		<u> </u>														
1. Title of Security (Instr. 3)				2. Tran Date	2. Transaction Date		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amo 4 and Securit Benefic Owned		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		or Pric	ce	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock				11/07/2006		6			A		17,500	0 ⁽¹⁾ A 5		0.00	55,823(2)			D	
Common	Common Stock			11/0	1/07/2006				F		2,779	2,779 D		5.73	53,044			D	
Common Stock														9,844(3)			I 4	3y 401(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,	4. Transaction Code (Instr. 8)				6. Date Expiration (Month/Date	n Date		7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		5	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O Fe Ily D oi (I)	DO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	nber					
Common Stock (Right to	\$6.73	11/07/2006			A		35,000		(4)	1	1/07/2013	Commor Stock	35,00	00	\$0.00	35,000	0	D	

Explanation of Responses:

- 1. Restricted stock granted under the Skyworks Solutions, Inc. 2005 Long-Term Incentive Plan. Stock vests over four (4) years in three (3) equal installments, beginning on 11/07/2008 and ending on 11/07/2010; provided, however, that if the percentage change in the price of Skyworks' common stock meets certain annual performance targets, 1/3 of the restricted shares could vest as early as 11/07/2007, and another 1/3 could vest as early as 11/07/2008, such that 100% of the grant could be vested by such date.
- 2. This total includes 1,000 shares of common stock acquired by the reporting person pursuant to the Skyworks Solutions, Inc. Employee Stock Purchase Plan since the last report.
- 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 11/03/2006
- 4. Stock option granted under the Company's 2005 Long-Term Incentive Plan. The stock option vests in four (4) equal installments, beginning on 11/07/2007 and ending on 11/07/2010.

Remarks:

Robert J. Terry, Attorney-In-**Fact**

11/09/2006

** 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.