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	F 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>ALDRICH DAVID J</u>						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(F 'AN ROAD	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/16/2017								X	below)	(give title Executive	e Cha	Other (s below) irman	pecify
(Street) WOBUR			01801 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form fi	led by One	(Check Apporting Person	n	
		Tab	le I - N	on-Deri	vativ	e Sec	curit	ies Ac	auire	d. Di	sposed o	of. or Be	nefici	ially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ction	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amou Securitie Beneficia Owned F	nt of es ally Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	on Stock 11/16/		2017	017		М		7,784	A	\$20	20.02 18		1,842		D				
Common	Stock			11/16/	2017				S		7,784	D	\$110.	.08(1)	177,058		058 D		
Common	Stock			11/16/	2017				M		22,216	A	\$25	.25	199,274			D	
Common	Stock			11/16/	2017				S		22,216	D	\$110.	.08(1)	177,058			D	
Common	Stock			11/16/	2017				S		15,000	D	\$110.	.08(2)	162,058			D	
Common Stock													19,555(3)			Ι .	By 401(k) plan		
		7	Гable II								posed of, convertil				wned			<u>'</u>	
1. Title of Derivative Security (Instr. 3)	ative Conversion Date rity or Exercise (Month/Day/Year)		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable Expiration Date (Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		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 Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$20.02	11/16/2017			M			7,784	(4))	11/08/2019	Common Stock	7,78	34	\$0.00	0		D	
Employee Stock Option (right to	\$25.25	11/16/2017			M			22,216	(5))	11/07/2020	Common Stock	22,21	16	\$0.00	98,499	9	D	

Explanation of Responses:

- 1. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$110.00 per share to \$110.30 per share.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$110.00 per share to \$110.29 per share.
- 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 10/31/2017.
- 4. This stock option vested in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.
- 5. This stock option vested in four (4) equal installments, beginning on 11/7/2014 and ending on 11/7/2017.

Remarks:

Daniel L. Ricks, as Attorney-In-Fact for David J. Aldrich

11/17/2017

** 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.