FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance:	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	cable) r	g Pers	10% Ow	/ner		
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/04/2008									below)	(give title TP, Huma	n Res	Other (s below) Sources	респу		
(Street) WOBUR		MA 01801 (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip)	n-Deri	vativ	e Se	curities	<u></u>	nuired	Dis	nosed o	of or Be	nefici	ally	Owned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date,		3. Transaction Code (Instr.) or 5. Amou 4 and Securiti Benefic Owned		nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	ount (A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				11/04/2008		8			A		7,373	(1) A	. \$0	.00	60,732(2)			D			
Common	Stock			11/0	4/200	8			F		2,341	(3) C	\$7	.18	3 58,391 D						
Common	Stock											12,7	⁷ 60 ⁽⁴⁾		I	By 401(k) plan					
		-	Гable 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. Deemed Execution D if any (Month/Day)	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		[8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O Fe D OI (I)	10. Ownership 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	Amour or Number of Shares	er							
Common Stock (Right to Buy)	\$7.18	11/04/2008			A		55,000		(5)		01/06/2015	Commor Stock	55,00	00	\$0.00	55,000	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 2008 Executive Incentive
- 2. This total includes the 889 shares of common stock acquired by the Reporting Person in the Issuer's Employee Stock Purchase Plan since the last report.
- 3. 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.
- 4. 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 10/30/2008.
- 5. Stock option granted under the Issuer's 2005 Long-Term Incentive Plan. The stock option vests in four (4) equal installments, beginning on 11/4/2009 and ending on 11/4/2012.

Remarks:

Robert J. Terry, Attorney-In-

11/06/2008

Fact

** 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.