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	OF CHANGES	IN BENEFICIAL	OWNERSHIP
•	0. 0		•

**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*  WATERS GREGORY L						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [ SWKS ]								5. Relationship of Reporting Person(s) to (Check all applicable)  Director 10%  V Officer (give title Other				ner	
(Last) (First) (Middle) 20 SYLVAN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2009								helow)	Other (s below) and Solutio					
(Street) WOBURN MA 01801					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S		(Zip)	- Deri	vativ		curitios	- A C	nuired	Die	nosed o	of or Re	neficial	ly Owned	<u> </u>				
1. Title of Security (Instr. 3)  2. Transposition Date			saction	action 2A. Deer Execution Day/Year) if any		. Deemed ecution Date,		3. 4. Transaction Di Code (Instr. 5)		osed of, or Benefic  1. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amou Securitie Benefici Owned F	nt of es ally Following	Form: I (D) or I		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	nt (A) or Pr		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common Stock			11/1	.0/200	0/2009					8,500(	1) A	\$0.0	0 155	155,414		D			
Common Stock		11/1	10/2009				F		3,549(	2) <b>D</b>	\$12.0	2.07 151,865			D				
Common Stock												8,1	8,125 <sup>(3)</sup>		I	By 401(k) plan			
		7	Гable II -								osed of, onvertil			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 Date if any (Month/Day/Yea	Date,	Code (Instr				6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ties ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exercisab		xpiration vate		Amount or Number of Shares						
Employee Stock Option (Right to	\$12.07	11/10/2009			A		80,000		(4)	1	11/10/2016	Common Stock	80,000	\$0.00	80,000	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-\*\* Signature of Reporting Person

11/13/2009

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.