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(h)

## STATEMENT 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*  PALETTE DONALD W						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]								eck all applic Directo	cable) or	100	son(s) to Issuer	
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/30/2016								X Officer (give title below)  EVP & CFO				y
	WOBURN MA 01801				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5		(Zip) le I - No	n-Der	ivativ	e Se	curit	ies Ac	auired	. Dis	sposed o	f. or Be	neficial	y Owned				$\dashv$
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					action	2/ Ex	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)		l (A) or	5. Amou Securitie Benefici Owned I	nt of es ally Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Ind Et Benef Owne	lirect ficial ership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr.	. 4)
Common Stock 03/30/2					0/2016	016			M <sup>(1)</sup>		12,500	A	\$19.0	3 70	70,863			
Common Stock 03/30/2					0/2016	016			S <sup>(1)</sup>		300	D	\$77.07	(2) 70	70,563			
Common Stock 03/30				0/2016	6			S <sup>(1)</sup>		12,200	D	\$77.80	58,363		D			
Common Stock													4,6	4,677 <sup>(4)</sup>		By 401(i plan	` ' I	
		-	Table II								osed of, converti			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/Year)		4. Transaction Code (Instr 8)				6. Date E Expiratio (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	ship of li Ber (D) Ow rect (Ins	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$19.08	03/30/2016			M <sup>(1)</sup>			12,500	(5)		11/10/2018	Common Stock	12,500	\$0.00	0	D		

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 2/10/2016.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$76.99 per share to \$77.13 per share.
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$77.22 per share to \$78.21 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 2/29/2016.
- 5. This stock option vested in four (4) equal intallments, beginning on 11/10/2012 and ending on 11/10/2015.

## Remarks:

Robert J. Terry, as Attorney-in-Fact for Donald W. Palette

04/01/2016

\*\* 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.