## SEC Form 4

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# 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:	0.5
Estimated average burden	

1. Name and Address of Reporting Person <sup>*</sup> LEVAN GEORGE			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>SKYWORKS SOLUTIONS INC</u> [ SWKS ]	(Check	tionship of Reporting Pers all applicable) Director	10% Owner	
(Last) 20 SYLVAN RO	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/11/2009	X	Officer (give title below) VP, Human Res	Other (specify below) SOURCES	
(Street) WOBURN (City)	MA (State)	01801 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repo Form filed by More thar Person	orting Person	

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	09/11/2009		М		50,000	A	\$9.18	118,253 <sup>(1)</sup>	D	
Common Stock	09/11/2009		S		50,000	D	\$14.25 <sup>(2)</sup>	68,253	D	
Common Stock								13,807 <sup>(3)</sup>	Ι	By 401(k) Savings Plan

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code ( 8)		of Deri Sec Acq (A) o Disp of (I	umber wative urities uired or oosed D) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		d 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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (Right to Buy)	\$9.18	09/11/2009		М			50,000	(4)	01/07/2014	Common Stock	50,000	\$0.00	20,000	D	

#### Explanation of Responses:

1. This total includes the 1,000 shares of common stock acquired by the reporting person in the Skyworks Solutions, Inc. Employee Stock Purchase Plan since the last report.

2. This price reflects the average selling price for the shares sold. Actual sales prices ranged from \$14.25 per share to \$14.28 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. The information in this report is based on the latest plan statement dated 09/01/09.

4. The stock option vested in four (4) equal annual installments, beginning on 01/07/05 and ending on 01/07/08.

#### Remarks:

#### Robert J. Terry, Attorney-In-

Fact

09/15/2009

\*\* 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.