## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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>GASPARINI LAURA A</u>					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
•	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/02/2016											below) bel			below)	specify	
RN M	A	01801		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										e) <mark>X</mark> F	orm f	n filed by One Reporting Person			n	
(Si	tate)	(Zip)																			
	Tab	le I - Noi	า-Deriva	ative	Sec	curiti	ies Ad	qui	red, I	Disp	osed c	of, or	Ben	eficia	ly Ov	vned	l				
1. Title of Security (Instr. 3)		Date		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		,   1	3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)		i (A) or . 3, 4 and	I Se Be Ov	5. Amount of Securities Beneficially Ownered		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(	A) or D)	Price	Tra	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Stock			09/02/2016						M		1,500		A	\$19.0	)8	7,314 <sup>(1)</sup>		D			
Stock			09/02/	09/02/2016							1,500		D	\$74.8	34	5,814		D			
Common Stock			09/02/	09/02/2016							1,150		A	\$20.0	02 6,		5,964		D		
Common Stock			09/02/2016						S		1,150	)	D	\$74.8	.84 5		,814		D		
Common Stock															4		46 <sup>(2)</sup>		1 1	By spouse	
Common Stock																787 <sup>(3)</sup>			I	By 401(k) plan	
	Т														/ Owr	ned					
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution Ionth/Day/Year) if any				n of E		Expi	Expiration Date						Deriva Secur	Derivative Security	derivative Securities Beneficiall Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			c	Code	v	(A)	(D)					Title		or Number of							
\$19.08	09/02/2016			M			1,500		(4)	11	1/10/2018			1,500	\$0.0	00	0		D		
\$20.02	09/02/2016			М			1,150		(5)	11	1/08/2019			1,150	\$0.	00	1,150		D		
	Stock	ARINI LAURA A  (First) (AN ROAD  RN MA  (State)  Tab  Security (Instr. 3)  Stock  Stoc	(First) (Middle)  (AN ROAD  (State) (Zip)  Table I - Note Security (Instr. 3)  Stock	(First) (Middle)  (AN ROAD  Table I - Non-Derive (Month/Derive (Month/Derive (Month/Derive (P.g., p))  Stock 09/02  Stock 09/02  Stock 09/02  Stock 09/02  Stock 09/02  Stock 109/02  St	Code   Stock   Stock	Code   V   Signal   Code   Code   V   Signal   Code   Co	Conversion or Exercise of Date of Exercity (Month/Day/Year)   Stock   Stock	ARINI LAURA A  (First) (Middle)  (State) (Zip)  Table I - Non-Derivative Securities Accuming Month/Day/Year)  Security (Instr. 3)  2. Transaction Date (Month/Day/Year) (Month/Day/Year)  Stock  09/02/2016  Stock  09/02/2016  Stock  12. Transaction Date (Month/Day/Year) (Month/Day/Year)  Stock  09/02/2016  Stock  13. Deemed Execution Date (Month/Day/Year) (Month/Day/Year)  Stock  14. Table II - Derivative Securities Acquired (e.g., puts, calls, warrants  Stock  Table II - Derivative Securities Acquired (a) or Disposed of Derivative Security  Stock  15. Number of Code (Instr. (a) or Disposed of (D) (Instr. 3, 4 and 5)  Code V (A) (D)  \$19.08  09/02/2016  M 1,500	SKYWORKS SOL	(First) (Middle)  (State) (Zip)  Table I - Non-Derivative Securities Acquired, Date (Month/Day/Year) (Month/	(First) (Middle)  (AN ROAD  Table I - Non-Derivative Securities Acquired, Disposed of Opicy Price of Derivative Security  (Stock 09/02/2016	Code   Code	SKYWORKS SOLUTIONS, INC.   SKYWORKS SOLUTIONS, INC.   SWWORKS SOLUTI	SKYWORKS SOLUTIONS, INC.   SWKS	Common   C	Check   Charles   Check   Charles   Check   Charles   Check   Check   Charles   Check   Check	Concertion   Con	Check   SKYWORKS SOLUTIONS, INC.   SWKS   Check   Spelicable   Director   No.   Check   Stock   Cap   Code   V   Amount   Check   Cap   Code   V   Cap   Check   Cap   Code   V   Cap   Check   Cap   Code   V   Cap   Check   Cap   Cap	Circle   Conversion   Convers	Control   Cont	

## **Explanation of Responses:**

- 1. This total includes 58 shares purchased on 8/1/2016 through the Skyworks Solutions, Inc. 2002 Employee Stock Purchase Plan.
- 2. This total represents the number of shares of common stock held by the spouse of the Reporting Person. The Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for the purposes of Section 16 or for any other purposes
- 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 8/31/2016.
- 4. This stock option vested in four (4) equal installments, beginning on 11/10/2012 and ending on 11/10/2015.
- 5. This stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.

## Remarks:

Robert J. Terry, as Attorney-in-Fact for Laura A. Gasparini

\*\* 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.	