FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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* <u>ALDRICH DAVID J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS] | | | | | | | | Relationship neck all appl X Direct | icable) | ig Pers | son(s) to Issi 10% Ow | | |
|---|---|--|--|--------|---|---|-------|---------|-----------------------------|--|-----------------------------|----------------------------|--|---|---|-------------------------------------|--|-----------------------------------|--|
| (Last) (First) (Middle) 20 SYLVAN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2018 | | | | | | | | Office below | r (give title) | | Other (s below) | specify | | |
| (Street) WOBURN MA 01801 (City) (State) (Zip) | | | | | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ie) X Form Form | ′ | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | ecuri | ties Ac | quired | , Dis | posed o | of, or Be | neficia | lly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | ties Acquii I Of (D) (In | ed (A) or str. 3, 4 and | Benefic Owned | ies ially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) c | r Price | Reporte Transa (Instr. 3 | ction(s) | | | (instr. 4) | |
| Common Stock 09/2 | | | | | 1/201 | 8 | | | M ⁽¹⁾ | | 10,00 | 0 A | \$25 | 25 15 | 152,252 | | D | | |
| Common Stock 09 | | | | 09/2 | 21/2018 | | | | S ⁽¹⁾ | | 10,00 | 0 D | \$91.3 | 91.3 ⁽²⁾ 142,252 | | | D | | |
| Common Stock | | | | | | | | | | | | | 19 | 19,938 ⁽³⁾ | | I | By 401(k) plan | | |
| | | - | 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. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | of | | Expiration | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$25.25 | 09/21/2018 | | | M ⁽¹⁾ | | | 10,000 | (4) | | 11/07/2020 | Common Stock | 10,000 | \$0.00 | 10,49 | 9 | D | | |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 6/8/2018.
- $2. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$90.80 per share to \$91.52 per share.$
- 3. This total represents the number of shares of common stock held by the Reporting Person in the Skyworks Solutions, Inc. 401(k) plan based on the latest plan statement dated 8/31/2018.
- $4. \ This stock option \ vested \ in four \ (4) \ equal \ installments, beginning \ on \ 11/7/2014 \ and \ ending \ on \ 11/7/2017.$

Remarks:

Daniel L. Ricks, as Attorney-In-Fact for David J. Aldrich

09/21/2018

** 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.