FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

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

1. Name and Address of Reporting Person* PALETTE DONALD W						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									(Check all ap			g Perso	Person(s) to Issuer 10% Owner Other (specify		
(Last)	Last) (First) (Middle) 20 SYLVAN ROAD				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2011										X	below) below) V. P., Chief Financial Officer					
(Street) WOBUR (City))1801 Zip)	4. If	Amei	ndment,	, Date o	f Original Filed (Month/E			Line			i. Indiv ine) X					son		
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	, Dis	posed o	f, or	Bene	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Ex Day/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				l and 5) Secui Benet Owne		icially d Following	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	•	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common	11/04/2011					A		30,027	[1)	A	\$0.00		93,588		I)					
Common	Stock			11/04/2011					F		11,336((2)	D	\$21	.83	8	32,252	D			
Common Stock																3,437 ⁽³⁾]		By 401(k) 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. Deen Executio if any (Month/D	n Date,	4. Transactio Code (Inst 8)		on of		6. Date E Expiratio (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owi For Dire or li (I) (I	nership n: oct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

- 1. Represents 30,027 shares of common stock issued to the Reporting Person pursuant to a performance share award dated November 4, 2008. Such performance share award contained both a continued employment condition and a performance condition related to the achievement by the Issuer of certain pre-established performance metrics in fiscal year 2009.
- 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 Common Stock on 11/04/11.
- 3. This total represents the number of shares of common stock held by the Reporting Person in the Skyworks' 401(k) plan as of the most recent practicable date. The information in this report is based on the latest plan statement dated 10/31/11.

Remarks:

Robert J. Terry, as attorney-infact for Donald W Palette 11/08/2011

** 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.