FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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 3235-0287 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*  GRIFFIN LIAM						2. Issuer Name <b>and</b> Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [ SWKS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
OKILL	h	1								X	Direc	tor		10% O	wner					
(Last)	Last) (First) (Middle)						2. Date of Favilant Transportion (Month/Day/Ves.)								Office belov	er (give title v)		Other (: below)	specify	
5260 CALIFORNIA AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/19/2022									Chairman, CEO and President					
(Street)	4. If /	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
IRVINE CA 92617															Form filed by One Reporting Person					
(City)	(Sta	ate) (Z	Zip)												Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					on Year)	2A. Deemed Execution Date,		е,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/19/202					22	22			<b>S</b> <sup>(1)</sup>		3,971	D	\$150	).87 <sup>(2)</sup>	8	8,740		D		
Common Stock 01/19/202					22					П	6,029	D	\$151	.59(3)	59 <sup>(3)</sup> 82,71		D			
Common Stock															12,502 <sup>(4)</sup>			I	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)	Exec if any	Deemed ution Date, / th/Day/Year)		Transaction of Code (Instr. Derivativ			Expi	ite Exer ration D ith/Day/		Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		(D)	Date Exer	cisable	Expiration Date	Title	Amour or Number of Shares	er						

## Explanation of Responses:

- $1. \ This \ transaction \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person \ on \ 6/3/2021.$
- $2. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$150.47 per share to \$151.07 per share.$
- $3. \ The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$151.09 per share to \$152.07 per share.$
- 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 12/31/2021.

## Remarks:

Daniel L. Ricks, as Attorneyin-Fact for Liam K. Griffin

01/21/2022

\*\* 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.