$\Box$ 

(Last)

(Street) **IRVINE** 

(City)

FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB APPROVAL             |           |  |
|--|--------------------------|-----------|--|
|  | OMB Number:              | 3235-0287 |  |
|  | Estimated average burden |           |  |

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

1. Name and Address of Reporting Person

5260 CALIFORNIA AVENUE

(First)

CA

(State)

(Middle)

92617

(Zip)

**KING CHRISTINE** 

Filed pursuant to Section 16(a) of or Section 30(h) of the Inv

| oursuant to Section 16(a) of the Securities Exchange Act of 1934   |   |   | hours per response: |                        | 0.5  |  |
|--|---|---|---------------------|------------------------|------|--|
| or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  SKYWORKS SOLUTIONS, INC. [ SWKS |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                     |                        |      |  |
| ]  | X   | Director<br>Officer (giv  | ve title            | 10% Owne<br>Other (spe |      |  |
| 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024  | below)  |   | io uuo              | below)                 | Olly |  |
| 4. If Amendment, Date of Original Filed (Month/Day/Year)   | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |                     |                        |      |  |
|  |   | Form filed by One Reporting Person                                      |                     |                        |      |  |
|  |   | Form filed by More than One Report Person                               |                     |                        | ng   |  |
| Rule 10b5-1(c) Transaction Indication  | •   |   |                     |                        |      |  |
| Check this box to indicate that a transaction was made pursuant t  | to a contra   | ct. instruction   | or written plar     | n that is intende      | d to |  |

### satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 2A. Deemed Execution Date. 1. Title of Security (Instr. 3) 2. Transaction Date 5. Amount of Securities 6. Ownership Form: Direct 7. Nature 3. Transaction of Indirect (Month/Day/Year) if any (Month/Day/Year) Beneficially Owned Following (D) or Indirect Beneficial Code (Instr. 8) (I) (Instr. 4) Ownership Reported (Instr. 4) (A) or (D) Code Price Amount (Instr. 3 and 4) (1) Common Stock 05/10/2024 M 2,078 23,057 D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

#### (e.g., puts, calls, warrants, options, convertible securities) 5. Number 6. Date Exercisable and 7. Title and 9. Number of 11. Nature 1. Title of 3. Transaction 3A. Deemed 8. Price of 10. Execution Date Expiration Date (Month/Day/Year) Derivative Conversion Transaction Amount of Derivative derivative Ownership of Indirect or Exercise Price of Derivative Security Security (Instr. 3) (Month/Day/Year) Code (Instr. Derivative Securities Form: Direct (D) Beneficial Security Securities if any Underlying Derivative Security (Instr. 3 and 4) (Month/Day/Year) 8) Beneficially Securities (Instr. 5) Ownership Acquired (A) or Disposed Owned Following or Indirect (I) (Instr. 4) (Instr. 4) Reported of (D) Transaction(s) (Instr. 3, 4 (Instr. 4) and 5) Amount or Number Date Expiration

Exercisable

### **Explanation of Responses:**

1. Restricted stock units convert into shares of common stock on a one-for-one basis.

## Remarks:

Ashran Jen, as Attorney-in-Fact for Christine King

\*\* Signature of Reporting Person

Title

05/10/2024

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).

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(A) (D)

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.