FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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* PALETTE DONALD W						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 (size title Check (procife)					
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2012								X Officer (give title Other (specify below) V. P., Chief Financial Officer					·
(Street) WOBURN MA 01801 (City) (State) (Zip)				— 4. I —	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form filed by More than One Reporting Person Form form filed by More than One Reporting Person				n	
(0.5)				n-Deri	ivativ	e Se	curi	ties Ac	auired	. Die	sposed o	of, or Bei	neficia	ally (Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	2 ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)		I (A) or		5. Amount of Securities Beneficially Owned Following Reported		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	Tranca		tion(s)			(111301. 4)
Common Stock 08/17/2					7/2012	1012			M		13,750	A	\$23	\$23.8 83,		701		D	
Common Stock 08/17/2					7/2012	.012			S		13,750	D	\$29.5	\$29.53 ⁽¹⁾ 69		,951		D	
Common Stock 08/17/2					7/2012	.012			M		5,000	A	\$9.3	\$9.33 74,		951		D	
Common Stock 08/17/2					7/2012	.012			S		5,000	D	\$29.5	29.53 ⁽¹⁾ 69		,951		D	
Common stock 08/17/2				7/2012	2			S		14,149	D	\$29.	\$29.56 55		,802		D		
Common Stock														3,8		308 ⁽²⁾		Ι .	By 401(k) plan
		-	Гable II -								osed of, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		on of		6. Date Exerci: Expiration Dat (Month/Day/Ye		te	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	r					
Employee Stock Option (right to buy)	\$23.8	08/17/2012			M			13,750	(3)		11/09/2017	Common Stock	13,750	0	\$0.00	41,25	0	D	
Employee Stock Option (right to buy)	\$9.33	08/17/2012			M			5,000	(4)		11/06/2014	Common Stock	5,000		\$0.00	0		D	

Explanation of Responses:

- 1. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$29.51 per share to \$29.57 per share.
- 2. 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 07/31/2012.
- 3. This stock option vests in four (4) equal installments, beginning on 11/9/2011 and ending on 11/9/2014.
- 4. This stock option vested in four (4) equal installments beginning on 11/6/2008 and ended on 11/6/2011.

Remarks:

Robert J. Terry, as Attorney-in-08/21/2012 Fact for Donald W. Palette

** 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.