SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0362 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 1.0 | | | | | |

| Form 4 Transactions Reported. | 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 [*] BARBER KEVIN D | 2. Issuer Name and Ticker or Trading Symbol <u>SKYWORKS SOLUTIONS INC</u> [SWKS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/03/2003 | X Officer (give title Other (specify below) below) Sr. VP, RF Solutions | | | | | | | |
| (Street) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (City) (State) (Zip) | | X Form filed by One Reporting Person 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/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at and of | 6. Ownership Form: Direct | 7. Nature of Indirect Beneficial |
|---------------------------------|--|---|---|--|---------------|-------|--|--------------------------------------|--|
| | | | | Amount | (A) or (D) | Price | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | | | | | | 1,146.856 ⁽¹⁾ | Ι | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Title Amoun Securit Underly Derivat Securit and 4) | t of ies /ing | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|---|---|-----|---|---------------------|---|--|----------------------------------|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This total represents the number of shares of Skyworks common stock held by the reporting person in the company 401(K) plan. The information in this report is based on a plan statement dated as of October 3, 2003.

| <u>By: Daniel N. Yannuzzi,</u> | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| Attorney-In-Fact | | | | | | | |

11/12/2003

** 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.