FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL OMB Number: Estimated average burden 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)

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* <u>ALDRICH DAVID J</u>				2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]									tionship o all applic Directo	able)	g Pers	on(s) to Issu			
(Last) 20 SYLV	(F VAN ROAL	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/18/2013							X	Officer (give title below) President and CEO					
(Street) WOBUR			01801		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					ı
(City)	(5		(Zip) Ie I - No	n-Deri	vativ	e Se	curit	ies Ac	nuired	. Die	sposed o	f. or Be	neficia	ally (Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		d (A) or	_	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect I str. 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 09/18/		3/2013	2013		M ⁽¹⁾		20,000	A	\$7.1	18 421		,361		D					
Common	Stock			09/18	3/2013				S ⁽¹⁾		20,000	D	\$25.6	8 ⁽²⁾	401	,361		D	
Common	Stock			09/18	3/2013				S ⁽¹⁾		7,000	D	\$25.6	8 ⁽²⁾	394,361 D		D		
Common	Stock														18,756 ⁽³⁾			I	By 401(k) plan
		-	Table II								osed of, convertil				wned			<u> </u>	
L. Title of Derivative Security Security Instr. 3) L. Title of Conversion or Exercise Price of Derivative Security Security Conversion Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		n Date,	Date, Transaction Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (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)	s S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amoun or Numbe of Shares	r					
Employee Stock Option (right to buy)	\$7.18	09/18/2013			M ⁽¹⁾			20,000	(4)		11/04/2015	Common Stock	20,00	0	\$0.00	170,00	00	D	

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 1/31/2013.
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$25.63 per share to \$25.77 per share.
- 3. 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 8/31/2013.
- 4. This stock option vested in four (4) equal installments, beginning on 11/4/2009 and ending on 11/4/2012.

Remarks:

Robert J. Terry, as Attorney-in-Fact for David J. Aldrich

09/20/2013

** 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.