FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	STATEMENT OF C
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to S

HANGES 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* Tremallo Mark V B					2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]										Check	all app Direc	applicable) irector		Person(s) to Issuer 10% Owner Other (specify		
(Last)	(Fii AN ROAD	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2011									X	Officer (give title Other (specify below) VP, GC and Secretary					
(Street) WOBUR (City))1801 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Line) X									Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	, Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)					. Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 an				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	•	Transaction(s) (Instr. 3 and 4)				(111341. 4)		
Common	Common Stock				11/09/2011				A		15,189 ⁰	5,189(1)		\$0.0	0.00(1)		7,013		D		
Common	Stock			11/09/	/2011				F		6,342(2	2)	D	\$19	9.62	7	0,671	D			
Common Stock																	351 ⁽³⁾		I	By 401(k) plan	
		Та	ıble II -	Derivat (e.g., pı	ive S uts, c	ecu alls	rities , warr	Acqu ants,	ired, D option	ispo is, c	sed of, onvertib	or E	Benef ecuri	iciall ties)	y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			ransaction ode (Instr.		of		Exercison Dat Day/Ye	ar) Securities Underlying Derivative Security (Inst			Deri Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ow For Dir or (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber							

Explanation of Responses:

- 1. Represents 15,189 shares of common stock issued to the Reporting Person pursuant to a performance share award dated November 9, 2010. Such performance share award contained both a continued employment condition and a performance condition related to the achievement by the Issuer of certain pre-established performance metrics for fiscal year 2011.
- 2. Transfer of stock to the Issuer of the number of common shares determined to be sufficient to satisfy tax withholding obligations related to the issuance of Common Stock on 11/9/11.
- 3. This total represents the number of shares of common stock held by the Reporting Person in the Issuer's 401(k) plan. The information in this report is based on the latest plan statement dated 10/31/11.

Remarks:

Robert J. Terry, as Attorney-in-Fact for Mark V.B. Tremallo

11/14/2011

** 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.