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*						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]								5. Relationship of Reporti (Check all applicable) X Director			ng Person(s) to Issuer		
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 07/05/2016								X	Officer (give title below) Control of the control				specify
(Street) WOBURN MA 01801					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X					
(City)	(S	tate)	(Zip)												Person	l			
			le I - No			_			.	, Dis	sposed o			ally (
				Date	2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securitie Benefici Owned F		es	Form:	: Direct Indirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock					07/05/2016				M ⁽¹⁾		10,000	Α	\$20.	.02	02 140,327		D		
Common Stock				07/05	07/05/2016				S ⁽¹⁾		8,300	D	\$59.3	32 ⁽²⁾	2 ⁽²⁾ 132,027		D		
Common Stock 07				07/05	07/05/2016						1,700	D	\$60.0	09(3)	130,327		D		
Common Stock 0				07/05	07/05/2016				S ⁽¹⁾		4,000	D	\$59.3	9.31 ⁽⁴⁾ 126,327		5,327		D	
Common Stock 07/0				5/2016				S ⁽¹⁾		1,000	D	\$60.0	0.09 ⁽⁵⁾ 125,32		5,327	D			
Common Stock															19,452 ⁽⁶⁾			Ι .	By 401(k) plan
		-	Table 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,	d 4. Date, Transa Code (l		of Deri Sec Acq (A) o Disp of (I	umber ivative urities uired or oosed D) (Instr. and 5)	6. Date E Expiration (Month/E	on Dat		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Numbe of Shares	er					
Employee Stock Option (right to buy)	\$20.02	07/05/2016			M ⁽¹⁾			10,000	(7)		11/08/2019	Common Stock	10,00	00	\$0.00	62,784	4	D	

Explanation of Responses:

- $1.\ This\ transaction\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ 2/11/2016.$
- 2. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$58.89 per share to \$59.66 per share.
- 3. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$59.78 per share to \$60.68 per share.
- 4. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$58.97 per share to \$59.68 per share.
- 5. The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$59.74 per share to \$60.70 per share.
- 6. 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 6/30/2016.
- 7. This stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.

Remarks:

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

07/07/2016

** 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.