FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
nstruction 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* <u>Tremallo Mark V B</u>						2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS INC [SWKS]										5. Relationship of Reportin (Check all applicable) Director				10% O	wner		
(Last) (First) (Middle) 20 SYLVAN ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/30/2007										X	below)	(give title ⁷ P, GC ar	nd Se	Other (below) cretary	specify		
(Street) WOBURN MA 01801					4. I	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						
(City)	(S		(Zip)	2 Deriv	rative		curit	ios A <i>t</i>	- aui	ired I	Dier	nosed (of or		eficia	llv C	Jwned	1					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		· ·	3. Transac Code (II	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d (A) or	or 5. Amou Securitie Benefici Owned F		nt of s ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									-	Code	v	Amount	(A) or))	Price	- 1	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 11/30/)/200	2007				M ⁽¹⁾		8,750	0	A	\$4.9	9 59,771		771		D			
Common Stock 11/3					0/2007	7				S ⁽²⁾		8,750	0	D	\$8.9	9 51,		021		D			
Common Stock																	5,1	19 ⁽³⁾		I	By 401(k) plan		
		1	able II -									sed of onverti				y Ov	wned		,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of		Pate Exe piration pnth/Day	Date	ble and	Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	Price of rivative curity str. 5)	9. Numbe derivative Securities Beneficia 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 Exe	e ercisable		xpiration ate	Title		Amount or Number of Shares								
Common Stock (Right to	\$4.99	11/30/2007			M			8,750		(4)	11	1/08/2012	Comm Stock		8,750	\$	\$0.00	17,50	0	D			

Explanation of Responses:

- 1. The stock option exercise reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 5/23/2007.
- 2. The sale of common stock reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 5/23/2007.
- 3. This total represents the number of shares of common stock held by the reporting person in the Skyworks Solutions, Inc. 401(k) plan. The information in this report is based on the latest plan statement dated 11/30/2007.
- $4. \ The stock option vests in four (4) equal annual installments, beginning on 11/8/2006 and ending 11/8/2009.$

Remarks:

Robert J. Terry, Attorney-In-**Fact**

** Signature of Reporting Person

12/04/2007

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.