SKYWORKS SOLUTIONS, INC.

Form 4

September 02, 2016

if no longer

subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

response...

Estimated average burden hours per

Section 16. Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

	Address of Reporting TIMOTHY R	Symbol SKYV	2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	(Month	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016			e title 10% Owner Other (specify below)			
20 STL VAIV NOAD			2010						
	(Street)	4. If An	nendment, Date Origi	nal	6. Individual or J	oint/Group Filing(Check			
WOBUR	N, MA 01801	Filed(M	(onth/Day/Year)			One Reporting Person More than One Reporting			
(City)	(State)	(Zip) Ta	ble I - Non-Derivativ	e Securities A	cquired, Disposed o	of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		f Transaction(A) or Code (Instr.) (Instr. 8)	(A) or	D) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (Indirect (I) Indirect (Instr. 4) 7. Nature of Beneficial Ownership (Instr. 4)			
Common Stock	09/01/2016		Code V Amou S 5,000	\$	e 34 947	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FUREY TIMOTHY R							
20 SYLVAN ROAD	X						
WOBURN, MA 01801							

Signatures

Robert J. Terry, as Attorney-in-Fact for Timothy R. 69/02/2016
Furey

**Signature of Reporting Person Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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