SKYWORKS SOLUTIONS, INC.

Form 4

August 12, 2015

FORM 4

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

OMB Number:

3235-0287

Check this box if no longer

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

January 31, Expires: 2005 Estimated average

OMB APPROVAL

subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

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obligations may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

08/10/2015

Stock

Stock

Common

1. Name and A	Address of Reporting I N BRUCE J	Symbo	VORKS SOLUTIONS, INC.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) 5221 CALI	(First) (M	Middle) 3. Date (Month	of Earliest Transaction /Day/Year)	Director 10% Owner N Officer (give title Other (specify below) below) EVP, Worldwide Operations		
(Street)			nendment, Date Original	6. Individual or Joint/Group Filing(Check		
		Filed(M	Ionth/Day/Year)	Applicable Line)		
IRVINE, C	A 92617			_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities A	acquired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Pri	O) Securities Ownership Indirect Beneficially Form: Direct Beneficial Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		
Common Stock	08/10/2015		$M_{\underline{(1)}}$ 8,000 A $\frac{\$}{25}$	39,968 <u>(2)</u> D		
			25.			

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

 $S^{(1)}$

8,000

D

\$90

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31,968

808 (3)

D

I

By 401(k)

plan

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number.

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

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. Transactic Code (Instr. 8)	5. Number 6. Date Exe Expiration I (Month/Day Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 25.25	08/10/2015		M <u>(1)</u>	8,000	<u>(4)</u>	11/07/2020	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
FREYMAN BRUCE J			EVP,			
5221 CALIFORNIA AVENUE			Worldwide			
IRVINE, CA 92617			Operations			

Signatures

Robert J. Terry, as Attorney-in-Fact for Bruce J.

Freyman 08/12/2015

**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).
- $(1) \quad This \ transaction \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person \ on \ 5/4/2015.$
- (2) This total includes 218 shares purchased on 2/2/2015 and 59 shares purchased on 7/31/2015 through the Skyworks Solutions, Inc. 2002 Employee Stock Purchase Plan.
- (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 7/31/2015.
- (4) This stock option vests in four (4) equal installments, beginning on 11/7/2014 and ending on 11/7/2017.

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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