SKYWORKS SOLUTIONS, INC.

Form 4 October 01, 2015

FORM 4

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

OMB APPROVAL OMB

Check this box if no longer

subject to Section 16.

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

3235-0287 Number: January 31, Expires:

0.5

2005 Estimated average burden hours per

response...

5. Relationship of Reporting Person(s) to

Issuer

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

ALDRICH DAVID J

1. Name and Address of Reporting Person *

			SKYW(ORKS S]	(O	LUTIO	NS, I	NC.	(Check all applicable)			
(Last) 20 SYLVA	(First) N ROAD	(Middle)	3. Date of (Month/D) 09/29/29	ay/Year)	Liest Transaction X Director 10% OwnerX Officer (give title Other (spector) below) Chairman and CEO				er (specify			
WOBURN,	(Street) MA 01801			endment, E		_	I		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	med on Date, if Day/Year)	Code (Instr. 8))	4. Securi n(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/29/2015			M(1)		5,000	A	\$ 23.8	136,117	D		
Common Stock	09/29/2015			S <u>(1)</u>		2,100	D	\$ 82.15 (2)	134,017	D		
Common Stock	09/29/2015			S <u>(1)</u>		2,900	D	\$ 83.05 (3)	131,117	D		
Common Stock									19,113 (4)	I	By 401(k) plan	

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

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SEC 1474 (9-02)

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)	Transaction Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 23.8	09/29/2015		M <u>(1)</u>	5,000	<u>(5)</u>	11/09/2017	Common Stock	5,000	

Reporting Owners

Reporting Owner Name / Address	Keiationsnips						
	Director	10% Owner	Officer	Othe			

ALDRICH DAVID J

20 SYLVAN ROAD X Chairman and CEO

WOBURN, MA 01801

Signatures

Robert J. Terry, as Attorney-in-Fact for David J.
Aldrich
10/01/2015

**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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 5/4/2015.
- (2) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$82.01 per share to \$82.36 per share.
- (3) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$82.48 per share to \$83.36 per share.

Reporting Owners 2

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- (4) 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 9/30/2015.
- (5) This stock option vested in four (4) equal installments, beginning on 11/9/2011 and ending on 11/9/2014.

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.