SKYWORKS SOLUTIONS, INC.

Form 4

December 16, 2016

#### **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1. Name and Address of Reporting Person \*

GAMMEL PETER L			Symbol SKYWORKS SOLUTIONS, INC. [SWKS]					Issuer (Check all applicable)			
(Last) (First) (Middle) 5221 CALIFORNIA AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2016					Director 10% OwnerX Officer (give title Other (specify below) Chief Technology Officer			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
IRVINE, CA						Form filed by More than One Reporting Person					
(City)	(State) Table I - Non-Derivative Securities Acquired,							uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	n Date 2A. Deemed (Year) Execution Date, if any (Month/Day/Year)		3. Transactio Code (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/15/2016			Code V $S_{(1)}^{(1)}$	Amount 1,500	(D)	Price \$ 75.21	23,263	D		
Common Stock								1,297 (2)	I	By 401(k) plan	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.											

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SEC 1474

(9-02)

5. Relationship of Reporting Person(s) to

Persons who respond to the collection of

information contained in this form are not

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

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	(Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)		Derivative	J
	Security	or Exercise		any (Month/Day/Year)	Code	of					Security (Instr. 5)	,
	(Instr. 3)	Price of			(Instr. 8)	Derivative						]
		Derivative				Securities						(
		Security				Acquired						J
		_				(A) or						J
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
										Amount		
						Date	Expiration	or Title Number				
							Exercisable Date		of			
					C-1- 1	7 (A) (D)						
					Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GAMMEL PETER L Chief
5221 CALIFORNIA AVENUE Technology
IRVINE, CA 92617 Officer

#### **Signatures**

Matthew T. Sant, as Attorney-in-Fact for Peter L.

Gammel

12/16/2016

\*\*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 9/1/2016.
- (2) 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 11/30/2016.

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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