BORI CARLOS S

Form 4

November 17, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

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Check this box if no longer subject to Section 16. 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

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * BORI CARLOS S			Symbol	2. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 5221 CALI	(First) FORNIA AVE	(Middle)		f Earliest T Day/Year) 2017	ransaction			DirectorX Officer (give below) SVP, S		Owner er (specify			
	(Street)				ate Origina ar)	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
IRVINE, C	A							Person	Tore man one Ke	porting			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of	f, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	emed on Date, if /Day/Year)	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common Stock	11/15/2017			S(1)	2,000	D	\$ 107.96 (2)	17,645	D				
Common Stock	11/15/2017			S <u>(1)</u>	2,377	D	\$ 108.58 (3)	15,268	D				
Common								872 <u>(4)</u>	I	By 401(k)			

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

Persons who respond to the collection of information contained in this form are not (9-02)

plan

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amaunt		
						Date Exercisable	Expiration Date	Title Num			
				Code V	(A) (D)						
				Code V	4, and 5)		•	Title	Amount or Number of Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

BORI CARLOS S 5221 CALIFORNIA AVENUE IRVINE, CA

SVP, Sales & Marketing

Signatures

Daniel L. Ricks, as Attorney-in-Fact for Carlos S. Bori

11/17/2017

**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 9/12/2017.
- (2) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$107.39 per share to \$108.21 per share.
- (3) The price reflects the average selling price of the shares sold. Actual sale prices ranged from \$108.25 per share to \$109.21 per share.
- 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 10/31/2017.

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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