#### WATERS GREGORY L

Form 4 June 04, 2010

## FORM 4

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

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: 2005
Estimated average burden hours per

response...

5. Relationship of Reporting Person(s) to

Issuer

January 31,

0.5

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)

WATERS GREGORY L

1. Name and Address of Reporting Person \*

|                                      |   |              | SKYWORKS SOLUTIONS INC [SWKS]                    |                 |     |                             | С   | (Check all applicable)   |  |  |   |  |
|--------------------------------------|---|--------------|--|-----------------|-----|-----------------------------|---|--|--|--|---|--|
| (Last)                               | (First)   | (Middle)     | 3. Date of Earliest Transaction (Month/Day/Year) |                 |     |                             | _   | Director 10% Owner X Officer (give title Other (specify below) |  |  |   |  |
| 20 SYLVAN ROAD                       |   |              | 06/02/2  | 06/02/2010      |     |                             |   |  | EVP & GM, Front-End Solutions  |  |   |  |
|                                      | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) |              |  |                 |     | I                           | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person |  |  |  |   |  |
| WOBURN                               | , MA 01801  |              |  |                 |     |                             |   | _  | _X_ Form filed by C<br>Form filed by M<br>Person   |  |   |  |
| (City)                               | (State)   | (Zip)        | Tab  | le I - Non      | -D  | erivative S                 | ecurit  | ies Acqui  | ired, Disposed of  | , or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Da<br>(Month/Day/Yea                           | r) Execution |  | Code (Instr. 8) | ior | or Disposed<br>(Instr. 3, 4 | d of (D<br>and 5)<br>(A)<br>or  | ))   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock                      | 06/02/2010  |              |  | Code V<br>M     |     | Amount 100,000              | (D)   | Price \$ 4.99  | 254,400  | D  |   |  |
| Common<br>Stock                      | 06/02/2010  |              |  | S               |     | 100,000                     | D   | \$<br>15.83<br>(1)   | 154,400  | D  |   |  |
| Common<br>Stock                      | 06/02/2010  |              |  | S               |     | 3,025                       | D   | \$<br>15.83<br>(1)   | 151,375  | D  |   |  |
| Common<br>Stock                      |   |              |  |                 |     |                             |   |  | 8,714 <u>(2)</u>   | I  | By 401(k) plan  |  |

### Edgar Filing: WATERS GREGORY L - Form 4

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 required to respond unless the form displays a currently valid OMB control number.

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                            |
|---|---|--------------------------------------|---|---|---|-----|--|--------------------|---|----------------------------|
| F 1   |   |                                      |   | Code V                                  | (A)   | (D) | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>Number<br>Shares |
| Employee<br>Stock<br>Option<br>(Right to            | \$ 4.99   | 06/02/2010                           |   | M                                       | 100,000   |     | <u>(3)</u>   | 11/08/2012         | Common<br>Stock   | 100,00                     |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WATERS GREGORY L 20 SYLVAN ROAD WOBURN, MA 01801

EVP & GM, Front-End Solutions

## **Signatures**

Buy)

/s/ Robert J. Terry,

attorney-in-fact 06/04/2010

\*\*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 price reflects the average selling price for the shares sold. Actual sales prices ranged from \$15.80 per share to \$15.97 per share.
- (2) This total represents the number of shares of common stock held by the Reporting Person in the Issuer's 401(k) plan. The information in this report is based on the latest plan statement dated 6/1/10.
- (3) The stock option vested in four (4) equal installments, beginning on 11/8/06 and ending on 11/8/09.

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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