SKYWORKS SOLUTIONS, INC.

Form 3 May 29, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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SECURITIES

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement SKYWORKS SOLUTIONS, INC. [SWKS] GAMMEL PETER L (Month/Day/Year) 05/19/2015 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 20 SYLVAN ROAD (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) 10% Owner Director _X_ Form filed by One Reporting _X__ Officer Other Person WOBURN, MAÂ 01801 (give title below) (specify below) Form filed by More than One Chief Technology Officer Reporting Person (City) (State) (Zip) **Table I - Non-Derivative Securities Beneficially Owned** 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) D Â Common Stock 36,841 Common Stock 1,185 (1) I By 401(k) plan Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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

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

currently valid OMB control number.

3. Title and Amount of 1. Title of Derivative Security 2. Date Exercisable and 5. 6. Nature of Indirect (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) (Instr. 4) Price of Derivative Derivative Security:

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	(2)	06/10/2018	Common Stock	5,000	\$ 24.32	D	Â
Employee Stock Option (Right to Buy)	(3)	11/10/2018	Common Stock	2,500	\$ 19.08	D	Â
Employee Stock Option (Right to Buy)	(4)	11/08/2019	Common Stock	4,800	\$ 20.02	D	Â
Employee Stock Option (Right to Buy)	(5)	11/07/2020	Common Stock	18,750	\$ 25.25	D	Â
Employee Stock Option (Right to Buy)	(6)	11/10/2021	Common Stock	18,000	\$ 60.97	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
Toporous O whos I want / 12 was one	Director	10% Owner	Officer	Other		
GAMMEL PETER L 20 SYLVAN ROAD WOBURN, MA 01801	Â	Â	Chief Technology Officer	Â		

Signatures

Robert J. Terry, as Attorney-In-Fact for Peter L. Gammel

05/29/2015

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 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 4/30/2015.
- (2) The stock option vests in four (4) equal intallments, beginning on 6/10/2012 and ending on 6/10/2015.
- (3) The stock option vests in four (4) equal installments, beginning on 11/10/2012 and ending on 11/10/2015.
- (4) The stock option vests in four (4) equal installments, beginning on 11/8/2013 and ending on 11/8/2016.
- (5) The stock option vests in four (4) equal annual installments, beginning on 11/7/2014 and ending on 11/7/2017.
- (6) The stock option vests in four (4) equal annual installments, beginning on 11/10/2015 and ending on 11/10/2018.

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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