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SKYWORKS SOLUTIONS, INC. Form 4 November 09, 2016

November 0	9, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						OMB APPROVAL					
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287				
Check th if no long subject to Section 1 Form 4 c	statement statem	FATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES				Number: Expires: Estimated a burden hour response					
Form 5 obligations may continue. See Instruction 1(b). 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 A Tremallo M	Symbol		C	5. Relationship of Reporting Person(s) to Issuer							
		SKYWORKS S [SWKS]	OLUTION	S, INC.	(Check all applicable)						
(Last)	(First) (Middle)	(Middle) 3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below) below)					
20 SYLVA	11/07/2016			VP, General Counsel & Secretary							
	(Street)	4. If Amendment, D Filed(Month/Day/Yea	-		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
WOBURN,	MA 01801				Person	lore than One Re	porung				
(City)	(State) (Zip)	Table I - Non-	Derivative Se	ecurities Acq	uired, Disposed of	, or Beneficial	ly Owned				
1.Title of Security (Instr. 3)	any		4. Securitie on(A) or Disp (Instr. 3, 4	posed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
G		Code V		or (D) Price	(Instr. 3 and 4)						
Common Stock	11/07/2016	А	15,000 (1)	A \$0	25,148	D					
Common Stock	11/07/2016	F	6,596 (2)	D \$ 77.24	18,552	D					
Common Stock					1,569 <u>(3)</u>	Ι	By 401(k) plan				

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

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number.

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

1. Title of Derivative2.Conversion securityor Exercise(Instr. 3)Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code of				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Departing	Owner Name	Adross		Relation	nships						
Reporting	Owner Name	Directo	or 10% Owner O	Officer			Othe	r			
20 SYLV	Mark V B AN ROAD N, MA 0180	VP, General Counsel &Secretary									
Signa	tures										
Robert J. Terry, as Attorney-In-Fact for Mark V.B. Tremallo			r Mark V.B.		11/09/2	2016					

**Signature of Reporting Person

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).

Represents 15,000 shares of common stock issued to the Reporting Person pursuant to a performance share award dated 11/7/2013. Such
 (1) performance share award contained both a continued employment condition and a performance condition related to the achievement by the Issuer of certain pre-established performance metrics for fiscal year 2014.

Date

- (2) Transfer of stock to the Issuer of the number of common shares determined to be sufficient to satisfy tax withholding obligations related to the issuance of unrestricted stock to the Reporting Person.
- (3) 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 10/31/2016.

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.