

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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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Person * Å GÄMMEL PETER L (Last) (First) (Middle)  20 SYLVAN ROAD (Street)  WOBURN, Å MA Å 01801 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/19/2015	3. Issuer Name and Ticker or Trading Symbol SKYWORKS SOLUTIONS, INC. [SWKS]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Technology Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	36,841	D	Å
Common Stock	1,185 <sup>(1)</sup>	I	By 401(k) plan

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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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)	Â (2)	06/10/2018	Common Stock	5,000	\$ 24.32	D	Â
Employee Stock Option (Right to Buy)	Â (3)	11/10/2018	Common Stock	2,500	\$ 19.08	D	Â
Employee Stock Option (Right to Buy)	Â (4)	11/08/2019	Common Stock	4,800	\$ 20.02	D	Â
Employee Stock Option (Right to Buy)	Â (5)	11/07/2020	Common Stock	18,750	\$ 25.25	D	Â
Employee Stock Option (Right to Buy)	Â (6)	11/10/2021	Common Stock	18,000	\$ 60.97	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GAMMEL PETER L 20 SYLVAN ROAD WOBURN, MA 01801	Â	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.