Edgar Filing: SILICON LABORATORIES INC - Form 4

| SILICON LA Form 4 October 28, 2 | BORATORIES I | NC | | | | | | | | | |
|--|---|----------------|--|---|--------------------|----------|--|---|---|--|--|
| FORM | Л | | | | | | | | PPROVAL | | |
| | UNITEDS | | CURITIES A Washington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or | er STATEM | ENT OF CH | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | burden hou | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may contin <i>See</i> Instruct 1(b). | s Section 17(a |) of the Publi | | ling Com | npany | Act o | ge Act of 1934, f 1935 or Sectio 40 | n | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| BOCK WILLIAM G Symbol | | | bol | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | SILICON LABORATORIES INC [SLAB] | | | | (Check all applicable) | | | | |
| (Last) 400 WEST C | (First) (M CESAR CHAVEZ | (Mor | ate of Earliest Tra nth/Day/Year) 26/2011 | ansaction | | | _X_ Director _X_ Officer (give below) Senior V | | | | |
| | | | Amendment, Da l(Month/Day/Year) | mendment, Date Original /lonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| AUSTIN, TX | X 78701 | | | | | | Form filed by M Person | Nore than One Re | eporting | | |
| (City) | (State) (Z | Zip) | Table I - Non-D | erivative | Securi | ties Ace | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code | 4. Securi onAcquirec Disposec (Instr. 3, | d (A) o d of (D |) | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Stock, \$0.0001 par value | 10/26/2011 | | S | 7,963 (1) | D | \$ 40 | 85,818 | D | | | |

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.

Edgar Filing: SILICON LABORATORIES INC - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying tities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| I B | Director | 10% Owner | Officer | Other | | | |
| BOCK WILLIAM G 400 WEST CESAR CHAVEZ AUSTIN, TX 78701 | Х | | Senior VP of Administration | | | | |
| Signatures | | | | | | | |

Date

Saie-Yau Hui for William G. 10/28/2011 Bock

<u>**</u>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).

(1) Shares sold pursuant to Reporting Person's 10b5-1 Trading Plan.

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.