FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
--

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>BRESEMANN DAVID P</u>						2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [ SLAB ]								Relationship of Reporting Person(s) to Issu (Check all applicable)     Director 10% Own     Officer (give title)     Other (check all applicable)				vner
(Last) (First) (Middle) 4635 BOSTON LANE						3. Date of Earliest Transaction (Month/Day/Year) 08/09/2005								X Officer (give title Other (specify below)  Vice President				
(Street) AUSTIN	USTIN TX 78735				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(3	•		n-Deri	vativ	e Se	curit	ties A	cauired	Dis	nosed o	f or Ber	eficial	y Owned	<u> </u>			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					saction	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa	3. Transaction Code (Instr.		ies Acquire Of (D) (Inst	d (A) or	5. Amount of Securities Beneficially Owned Follo		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock, \$0.0001 par value 08/09/							2005				417(1)	117 <sup>(1)</sup> A		13	13,047		D	
Common Stock, \$0.0001 par value 08/09/3					9/200	2005			M		183(1)	A	\$15.4	4 13	13,230		D	
Common Stock, \$0.0001 par value 08/09/2						2005		S		960 <sup>(2)</sup>	D	\$28.6	8 12	12,270		D		
		•	Table II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) ( Disp of (I	oosed O) tr. 3, 4	Expiration	6. Date Exercisal Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	f G Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Owners Form: Uly Direct (I) Or Indirect (I) (Insti	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v			Date Exercisal	Expiration Date		Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$15.1	08/09/2005			М			417 <sup>(1)</sup>	07/16/200	)3 <sup>(3)</sup>	09/21/2011	Common Stock, \$0.0001 par value	417	\$0 <sup>(4)</sup>	5,000		D	
Non- Qualified Stock Option (right to	\$15.44	08/09/2005			М			183 <sup>(1)</sup>	03/16/200	)1 <sup>(5)</sup>	03/16/2011	Common Stock, \$0.0001 par value	183	\$0 <sup>(4)</sup>	4,600		D	

## **Explanation of Responses:**

- 1. Stock option exercise pursuant to reporting person's 10(b)5-1 plan.
- 2. Shares sold pursuant to reporting person's 10(b)5-1 plan.
- 3. The Option becomes exercisable as it vests in a series of thirty-six (36) successive equal monthly installments beginning July 16, 2003.
- 4. Not applicable per instruction 4(c)(iii).
- 5. The Option becomes exercisable as it vests in a series of sixty(60) successive equal monthly installments beginning March 16, 2001.

David P. Bresemann

08/10/2005

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.