FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
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l	hours per response:	0.5

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

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* Rabinovitsj Daniel A				2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify							
(Last) 4635 BO	(FI	•	(Middle)			Date o /20/2		Trans	nsaction (Month/Day/Year)					below)			belov		
(Street) AUSTIN 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						
(City)	(S	tate)	(Zip)										Person						
		Tal	ole I - N	on-Deri	ivativ	e Se	curitie	s Ac	quire	d, Di	sposed of	f, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/D.				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 1)						Form: D y (D) or In		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4				
Common	Stock, \$0.0	001 par value		05/20/	2005	005		A		36,000(1)	A	\$0.0001	001 39,642		D				
Common Stock, \$0.0001 par value												775		I 1		D. Rabinovitsj GRAT			
Common Stock, \$0.0001 par value												775		I 1		E. Rabinovitsj GRAT			
Common Stock, \$0.0001 par value													409		I by S		by Spouse		
			Table II								posed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Transaction curity or Exercise (Month/Day/Year) if any		4. Transa Code (5. Number action of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	derivat Securit Benefic Owned Followi Report Transa	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$27.33	05/20/2005			A		10,000		04/25/20	006 ⁽³⁾	05/20/2015	Common Stock, \$0.0001 par value	10,000	\$0 ⁽⁴⁾	10,	0,000 D			

Explanation of Responses:

- 1. Reflects the grant of restricted stock units that will entitle the Reporting Person to receive one share of common stock per restricted stock unit. The restricted stock units vest at the rate of 20% per year on each anniversary date after April 25, 2005 and will be settled pursuant to the terms of the Issuer's 2000 Stock Incentive Plan.
- 2. Includes 101 shares acquired under the Silicon Laboratories Inc. employee stock purchase plan on April 29, 2005.
- 3. The Option vests and becomes exercisable with respect to (i) twenty percent (20%) of the option shares upon optionee's completion of one year of service measured from April 25, 2005 and (ii) the balance of the option shares in a series of forty-eight (48) successive monthly installments over the forty-eight (48) month period measured from April 25, 2006.
- 4. Not applicable per instruction 4(c)(iii).

Daniel A. Rabinovitsj 05/24/2005

** Signature of Reporting Person Date

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

- * 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.