FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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* Richardson Nina			2. Date of Event Requiring Stater (Month/Day/Yea 01/28/2016	ment	3. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]							
(Last) 400 W CESA (Street) AUSTIN (City)	(First) AR CHAVEZ TX (State)	(Middle) 78701 (Zip)				ationship of Reporting Perso c all applicable) Director Officer (give title below)	on(s) to Issu 10% Owr Other (sp below)	ier	6. Inc	nth/Day/Year) dividual or Jointicable Line) Form filed b	ate of Original Filed VGroup Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.0001 par value						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exel Expiration I (Month/Day.					3. Title and Amount of Secur Underlying Derivative Securi		4. Conve	ercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	Ð	Amount or Number of Shares	Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Nina Richardson

02/02/2016

** Signature of Reporting Person

Date

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

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.

 $^{^{\}ast}$ 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).