FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Scenori 10. Form 4 of Form 5 | |

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>Hoff Kurt W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB] | | | | | | | | (Check | all app | olicable) ctor | g Person(s) to Is | Owner | |
|--|---|--------------------------------|-----------------|-----------------------|---|---|--------|---|--|---------|-----------------------|---|--|---|---|--|---|--|--|
| (Last) 400 W C | ast) (First) (Middle) 00 W CESAR CHAVEZ | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/19/2015 | | | | | | | | X | Officer (give title below) Sr VP of Wo | | Other (specify below) | | | |
| (Street) AUSTIN (City) | T> | | 78701 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Forn | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | |
| | | Tabl | e I - N | lon-Deriv | ative/ | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Execution Date, | | ite, | 3. Transaction Code (Instr. 8) | | | | | d 5) Sec Ben Owr | | ount of ities ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | (Instr. 4) | | |
| Common | Common Stock, \$0.0001 par value 10/19/201 | | | 015 | 15 | | | S | | 665(1) | D | \$46.03 | 6.0345(2) | | 15,918 | D | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex (Month/Day/Year) if | Execu if any | Execution Date, f any | | 4. Transaction Code (Instr. 8) | | ative rities ired osed | 6. Date Exercisable Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Shares sold pursuant to Reporting Person's 10b5-1 Trading Plan.
- $2.\ Price\ represents\ the\ weighted\ average\ selling\ price.\ Prices\ range\ between\ \$45.72\ and\ \$46.31.$

Saie-Yau Hui for Kurt W Hoff 10/20/2015

** 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.