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* Wyatt Christy 2. Date of Event Requiring Statemen (Month/Day/Year) 01/24/2019			nent	3. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]								
(Last)	(First)	(Middle)				4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date of Original Filed		
C/O QUOTIENT TECHNOLOGY INC.				- [(Check all applicable) X Director 10% Owner			(Mon	nth/Day/Year)			
400 LOGUE AVE.						Officer (give title	Other (specify		6. Individual or Joint/Group Filing (Check			
					below) below)			Applicable Line)				
(Street) MOUNTAIN	CA	94043							X		y One Reporting Person	
VIEW									Form filed by More than One Reporting Person			
,												
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially 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 Exercisable at Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secu Underlying Derivative Secur		ity (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	9	Amoun or Numbe of Shares	Security		Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Christy Wyatt

01/24/2019

** 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.

 $^{^{\}star}$ 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).