## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

Name and Address of Reporting Person*     CASH HARVEY B						2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [ SLAB ]									5. Relationsh Check all ap X Dire	plicab	,		(s) to Is:	
	(Fi OEL ROAL	,	Mic	idle)		3. Date of Earliest Transaction (Month/Day/Year) 08/14/2009										er (giv w)	ive title		Other (specify below)	
SUITE 1670  (Street)  DALLAS TX 75240  (City) (State) (Zip)				4. If	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						
		Tabl	e I	l - Non-Deriv	ative	Sec	uritie	s Ac	quired	d, Di	sposed	l of,	or B	Benefici	ially Own	ed				
			2. Transaction Date (Month/Day/Yea	Exe r) if a	2A. Deemed Execution Da if any (Month/Day/			Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr.				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial		
								Code	v	Amo	unt	(A) or (D)	Pric	e	Transaction (Instr. 3 and					
Common	Common Stock, \$0.0001 par value				181,109				9	D										
Common	Common Stock, \$0.0001 par value 08/14/2009							S		1,	500	D	\$41.2832		92,846		I		Grandchildren's Trust <sup>(1)</sup>	
		Та	ıbl	e II - Derivat (e.g., p																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	E) if	A. Deemed kecution Date, any Ionth/Day/Year)		Transaction Code (Instr.		ative rities ired esed esed es, 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	deriv Secu Bend Own Follo Repo	owing orted saction(s)	10. Owner Form: Direct or Indi (I) (Ins	t (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V		(D)	Date Exercis	sable	Expiration Date		itle	Amount or Number of Shares						

## **Explanation of Responses:**

1. These shares are held in a trust for the benefit of Reporting Person's grandchildren. Reporting Person is trustee of the trust.

Bruce A. Maurer for Harvey B. 08/18/2009 Cash

\*\* 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.