FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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* SOOCH NAVDEEP S							2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]									p of Reportino plicable) ctor		Person(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) 4635 BOSTON LANE					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2005									Officer (give title below)					
(Street) AUSTIN	ТУ	TX 78735			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
			ole I - No			_			_	Dis	posed of								
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securiti Disposed 5)			Secur Benef	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	A) or 1 D) I	Price	Trans	action(s) 3 and 4)		(
Common Stock, \$0.0001 par value 11/25/2						5			S		6,855(1)	D	\$38.24	1,2	215,290	D		
Common Stock, \$0.0001 par value 11/25.						<u> </u>			S		8,581(1)	D	\$38.2	1,2	206,709	D		
Common Stock, \$0.0001 par value 11/25					/2005	5			S		823(1)		D	\$38.24	6	67,860	I	By Libra II, L.P. ⁽²⁾	
Common Stock, \$0.0001 par value					11/25/2005				S		1,029(1)	D	\$38.2	(66,831	I	By Libra II, L.P. ⁽²⁾	
Common Stock, \$0.0001 par value				11/25	11/25/2005				S		274 ⁽¹⁾		D	\$38.24		5,788	I	David T. Sooch Trust ⁽³⁾	
Common Stock, \$0.0001 par value 11/2				11/25	/2005	5			S	343(1)			D	\$38.2		5,445	I	David T. Sooch Trust ⁽³⁾	
Common Stock, \$0.0001 par value 11/25					/2005	5			S		274 ⁽¹⁾		D	\$38.24		5,788	I	Kelly A. Sooch Trust ⁽³⁾	
Common Stock, \$0.0001 par value 11/25/					/2005	5			S		343(1)		D	\$38.2		5,445	I	Kelly A. Sooch Trust ⁽³⁾	
Common Stock, \$0.0001 par value 11/25					/2005	5			S		274 ⁽¹⁾		D	\$38.24	5,788		I	Kevin S. Sooch Trust ⁽³⁾	
Common Stock, \$0.0001 par value 11/25/2						2005			S		343(1)		D	\$38.2		5,445	I	Kevin S. Sooch Trust ⁽³⁾	
		7									sed of, o				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Execution Date, if any			ransaction code (Instr.		of I		xercis on Dat Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numl of Share	per					

Explanation of Responses:

- 1. Shares sold pursuant to reporting person's 10(b)5-1 plan.
- 2. These shares are held in a family limited partnership.
- $3. \ These \ shares \ are \ held \ in \ a \ trust \ for \ the \ benefit \ of \ the \ reporting \ person's \ children. \ The \ reporting \ person \ is \ co-trustee \ of \ the \ trust.$

Attorney for Navdeep S. Sooch

** 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.