FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden 0.5 hours per response:

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*     BOCK WILLIAM G						2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [ SLAB ]								ck all applica Director	ionship of Reporting Per all applicable) Director Officer (give title below)		son(s) to Issuer  10% Owner  Other (specify	
(Last) 400 W. (	(First) (Middle) W. CESAR CHAVEZ						3. Date of Earliest Transaction (Month/Day/Year) 11/08/2006										below)	респу
(Street) AUSTIN TX 78701 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable a)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ıble I - No	n-Der	rivati	ve S	ecuritie	s Ac	auired.	Dis	sposed o	f. or Be	neficially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					nsactio	n	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		d (A) or	5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			
Common Stock, \$0.0001 par value 11/08/2							2006				75,000 <sup>(</sup>	(1) A	\$0.000	82,688			D	
			Table II -								osed of, convertil		eficially ( irities)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisabl Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Non- Qualified Stock Option (right to	\$32.98	11/08/2006			A		250,000		11/08/2007	,(2)	11/08/2016	Common Stock, \$0.0001 par value	250,000	\$0 <sup>(3)</sup>	250,0	00	D	

## **Explanation of Responses:**

- 1. Reflects the grant of restricted stock units that will entitle the Reporting Person to receive one share of common stock per restricted stock unit. The restricted stock units vest at the rate of 20% per year on each anniversary date after November 8, 2006, and will be settled pursuant to the terms of the Issuer's 2000 Stock Incentive Plan.
- 2. Option vests and becomes exercisable with respect to (i) twenty percent (20%) of the option shares upon the date exercisable and (ii) the balance of the option shares in a series of forty-eight (48) successive monthly installments over the forty-eight (48) month period measured from the date exercisable.
- 3. Not applicable per instruction 4(c)(iii).

Bruce A. Maurer, Power of Attorney for William G. Bock

11/08/2006

\*\* 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.