FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington

n, D.C. 20549	OMB APPROVAL
	ONBALLKOVAL

OMB Number: 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* <u>IVESTER JONATHAN D</u>						2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]										eck all appli Direct	cable) or	g Pers		wner	
(Last) 400 W C	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2008]	below	Officer (give title relow) VP of Worldwid		below)		
(Street) AUSTIN (City)			78701 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	/ativ	e Se	curit	ies Ad	cqı	uired,	Dis	posed o	f, o	r Ber	neficial	y Owne	t				
Date			Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (I		saction Dispo		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amor Securiti Benefic Owned	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
						,			Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock, \$0.0	0001 par value		05/05	5/200	8				G		150		D	\$0 ⁽¹⁾	135	5,052 ⁽²⁾ D				
Common	Stock, \$0.0	0001 par value		05/13	3/200	8				S		5,000	3)	D	\$35.8	7 13	130,052 D		D		
Common Stock, \$0.0001 par value		05/13/2008		8				M		1,500		A	\$1.75	13	1,552		D				
Common	Stock, \$0.0	001 par value		05/13	3/200	8				S		1,500 ⁽³	3)	D	\$35.8	7 70),000		Filing (Check Applicated Reporting Person than One Reporting Person than One Reporting Porm: Direct (D) or Indirect (I) (Instr. 4) D D Ives I Of 10. Ownership Form: Direct (D) or Indirect (D) or Indire		
		-	Гable II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				Ex	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		J Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	i F	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da:	te ercisabl		Expiration Date	Title	e	Amount or Number of Shares						
Incentive Stock Option (right to	\$1.75	05/13/2008			M			1,500	07/	/20/1999	(5)	07/20/2009	\$0.	nmon ock, .0001	1,500	\$0 ⁽⁶⁾	16,50	0	D		

Explanation of Responses:

- 1. Gratuitous transfer for which no consideration was received.
- 2. Includes 200 shares acquired under the Silicon Laboratories Inc. Employee Stock Purchase Plan on April 30, 2008.
- 3. Shares sold pursuant to reporting person's 10(b)5-1 plan.
- 4. 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.
- 5. This option is immediately exercisable and vests in a series of thirty-six (36) successive equal monthly installments beginning September 15, 2002
- 6. Not applicable per instruction 4(c)(iii).

Bruce A. Maurer for Jonathan D. Ivester

05/14/2008

** 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.