FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02      |     |  |  |  |  |  |  |  |  |
| 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*  SCOTT JEFFREY W        |   |           |         |                                |                              | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [ SLAB ] |   |   |  |  |                       |   |                                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |  |
|--|---|-----------|---------|--------------------------------|------------------------------|---|---|---|--|--|-----------------------|---|--------------------------------------|---|--|---|---|--|--|
| <u>3CO11</u>   |   | [ 55.45 ] |         |                                |                              |   |   |   |  | X  | X Director            |   | 10% Owner                            |   |  |   |   |  |  |
| (Last) (First) (Middle)  |   |           |         |                                |                              |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2003 |   |  |  |                       |   |                                      | X   | Offic<br>belov   | ,   | Other (specify below)  President                                  |  |  |
| 4635 BO  | STON LAN  |           |         |                                |                              |   |   |   |  |  | vice i resident       |   |                                      |   |  |   |   |  |  |
| (Street) AUSTIN TX 78735   |   |           |         |                                |                              |   | 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 |   |   |  |  |
| (City)   | (St   | ate) (    | Zip)    |                                | -                            |   |   |   |  |  |                       |   |                                      |   | Form filed by More th<br>Person  |   | re than One R   | han One Reporting  |  |
|  |   | Tabl      | e I - N | on-Deriv                       | /ative                       | Sec   | uritie  | s Ac  | quired   | d, Di  | sposed o              | f, or E   | Benefi                               | cially  | Owne   | ed  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |   |           |         |                                |                              | Execution Date,   |   | 3.<br>Transaction<br>Code (Instr.<br>8)     |  | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 |                       | and 5) Secu<br>Bene   |                                      | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                                    | of Indirect   |   |  |  |
|  |   |           |         |                                |                              |   |   | Code  | v  | Amount   | (A) o<br>(D)          | Price   | •                                    | Trans   | action(s)<br>3 and 4)  |   | (11301.4)   |  |  |
| Common   | Stock, \$0.0  | 2003      | 003     |                                | S                            |   | 12,000  | D   | \$36   | .1348  | 3,019,331             |   | D                                    |   |  |   |   |  |  |
| Common   | 2003  | 003       |         | S                              |                              | 12,000  | D   | D \$36.10                                   |  | 3,007,331  |                       | D   |                                      |   |  |   |   |  |  |
|  |   | Та        | ble II  |                                |                              |   |   |   |  |  | osed of,<br>convertib |   |                                      |   | wned   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |           | if any  | emed<br>on Date,<br>(Day/Year) | 4.<br>Transa<br>Code (<br>8) |   |   | rative<br>rities<br>rired<br>r<br>osed<br>) | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y |  | ite                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                                      | Deri<br>Sec<br>(Ins   | rice of<br>vative<br>urity<br>tr. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |           |         |                                | Code V                       |   | (A)   | (D)   | Date<br>Exercis                                | sable  | Expiration<br>Date    | Title   | Amour<br>or<br>Numbe<br>of<br>Shares | r   |  |   |   |  |  |

**Explanation of Responses:** 

Jeffrey W. Scott

08/04/2003

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.