FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHANGES | S IN BENEFICIAI | L OWNERSHIP |
|------------------|------------|-----------------|-------------|

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | 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* WOOD WILLIAM P | | | | | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB] | | | | | | | | | | | all app | ionship of Reportii all applicable) Director | | son(s) to Is | | |
|--|---|--|--|------------|--|---|----------|---------------------|---|--------------------------|--|---------------------|--------------|---------------|------------------------|---|---|---|--|---|---|
| (Last) 4635 BO | (Fii | rst) (| Middle) | | 3. Date of Earliest Trans 05/03/2004 | | | | | saction (Month/Day/Year) | | | | | | | | Officer (give title below) | | Other below) | (specify |
| (Street) AUSTIN (City) | | | 78735 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv _ine) X | Forn Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - No | n-Deriv | ative | e Se | curiti | es Ac | qui | ired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , [| 3. Transaction Code (Instr. 8) | | | | | | | Securi Benefi Owned | . Amount of Securities Seneficially Dwned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | 7 | Code | v | Amount | | (A) or (D) | Pric | e e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock, \$0.0 | 001 par value | | 05/03 | /2004 | 004 | | | S | | 2,316(1) | | D | \$ | 47 | 0 | | | D | | |
| Common Stock, \$0.0001 par value | | | | 05/03/2004 | | | | | | S | | 25,000 | (1) | D | \$47 | | 480,776 | | | I | By Silverton Partners, LP ⁽²⁾ |
| | | Та | | | | | | | | | | sed of, onvertib | | | | | wned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) Sec Acq (A) Dispose of (instr. 1) Code (Instr. 1) Code (Instr. 2) Code (Instr. 2) Code (Instr. 3) Code (Instr | | | | oosed D) tr. 3, 4 | Ex (M | opiratio lonth/D | n Date | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Number | | ount nber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F C | Downership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Shares sold pursuant to reporting person's 10(b)5-1 plan.
- 2. Reporting Person is a general partner of Silverton Partners, LP. Reporting Person may be deemed a beneficial owner of the shares held by Silverton Partners, LP, but disclaims beneficial ownership in the shares held by Silverton Partners, LP, except to the extent of any indirect pecuniary interest therein.

Russell J. Brennan Power of Attorney for William P. Wood

05/03/2004

** 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.