FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | Section 16. Form 4 or Form 5 |
| J | 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 an | | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | |
|--|---|---|-----------------|--------------------------------------|--|---|--|---------------------------------|--|---|-----------------------|---|-----------------------|---|------------------------------------|--|---|--|--|--|
| <u>Sayiner</u> | <u>Necip</u> | | 1 | SEE COLUMN SEE SEE | | | | | | | | X | Direc | tor | 10% (| Owner | | | | |
| (Last) (Eirst) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X Of be | | er (give title v) | Other below | (specify | | |
| (Last) (First) (Middle) 400 W CESAR CHAVEZ | | | | | | | 04/21/2010 | | | | | | | | President & CEO | | | | | |
| (Street) | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| AUSTIN | N TX 78701 | | 78701 | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | Form filed by l Person | | | | | | | | | | | e than One Rep | oorting | | |
| | | Tabl | e I - I | Non-Deriv | /ative | Sec | uritie | s Ac | quire | ed, Di | sposed o | f, or E | enefici | ially (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | · | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | d 5) Secu Bene Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | (Instr. 4) | | | | | |
| Common | Stock, \$0.0 | 001 par value | | 04/21/20 | 010 | | | | S | | 2,250(1) | D | \$50.54 | 22 ⁽²⁾ | 30 | 09,609 | ' | | | |
| | | Та | ıble I | I - Derivat (e.g., p | | | | | | | osed of, convertib | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | eemed ution Date, :h/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership 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 10b5-1 Trading Plan.
- $2.\ Price\ represents\ the\ weighted\ average\ selling\ price.\ Prices\ range\ between\ \$50.14\ and\ \$51.18.$

Necip Sayiner 04/23/2010

** 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.