FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
	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*						Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						
	WILLIA		SILICON LABORATORIES INC [ SLAB ]									Check	all applicable) Director		10% (		wner					
(Last) 400 WES		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2011									X	belov	,		Other (specify below) inance & CFO							
(Street) AUSTIN (City)	JSTIN TX 78701						4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally (	Owne	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			A) or 3, 4 and	l and 5) Secui Benet Owne		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D) Prid		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock, \$0.0001 par value 02/15/2						011		A		11,153 <sup>(1</sup>	)	A	\$0.0001		10	102,644		D				
Common	Common Stock, \$0.0001 par value 02/15/						011		A		4,000(2)		A	\$0.0	0001 1		106,644		D			
Common Stock, \$0.0001 par value 02/15/2						011		F		2,863		D	\$45.73		103,781			D				
Common	Stock, \$0.0	tock, \$0.0001 par value 02/15/2011							F		2,707		D	\$45.	5.73 1		101,074		D			
		Та	ıble II -								osed of, o				y Ov	ned						
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			4. Transa Code (I 8)		5. Nu of Deriv Secul Acqu (A) or 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 Title Shares		ount nber	unt ber		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0 F D 0 (I	.0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one share of common stock per RSU. The RSUs will vest completely on the third (3rd) anniversary of the date of grant and will be settled pursuant to the terms of the Issuer's 2009 Stock Incentive Plan.
- 2. Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one share of common stock per RSU. The RSUs will vest completely on the first (1st) anniversary of the date of grant and will be settled pursuant to the terms of the Issuer's 2009 Stock Incentive Plan.

William G. Bock 02/16/2011

\*\* 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.