FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANG | SES IN BENEFIC | CIAL OWN | ERSHIP |
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OMB APPROVAL 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person [*] <u>Walsh Paul V Jr</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB] | | | | | | | | | | eck all appli Directo | cable) or | ng Person(s) to Issu 10% Ow | | ner |
|---|---|--|------------------------|--------|---|---|--------|--|--------|---|--------|---------------------|--|----------------|---|---|---|------------------------------------|--|--|
| (Last) 400 W C | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011 | | | | | | | | | | | Officer (give title Delow) VP of Finance & CAO | | | :pecity |
| (Street) | I T | X | 78701 | | - 4. l [·] | f Ame | endmen | it, Date | e of (| Original F | iled | (Month/Da | ay/Year) | | Line |) 【 Form f | iled by One iled by Mor | e Repo | y (Check Ap orting Person One Repor | n |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Owners Form: Dis (D) or Ind (I) (Instr. | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock, \$0.0 | 0001 par value | | 01/1 | 8/201 | 1 | | | | М | | 104 | A | . [| \$31.96 | 5 29 | ,315 | | D | |
| Common | Stock, \$0.0 | 0001 par value | | 01/18 | 8/201 | 1 | | | | S | | 104(1) | Г | | \$49.64 | 1 29 | 211 D | | | |
| | | ٦ | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of E | | Ex | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e O S Fe Illy D oi (!) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Non- Qualified Stock Option (right to | \$31.96 | 01/18/2011 | | | М | | | 104 | 02/ | /15/2009 ⁽² | 0 | 2/15/2018 | Commo Stock, \$0.0001 par valu | 1 | 104 | (3) | 6,353 | | D | |

Explanation of Responses:

- 1. Shares sold pursuant to Reporting Person's 10b5-1 Trading Plan.
- 2. Option vests and becomes exercisable with respect to (i) twenty-five percent (25%) of the option shares upon the date exercisable and (ii) the balance of the options shares in thirty-six (36) successive monthly installments over the thirty-six (36) month period measured from the date exercisable.
- 3. Not applicable per instruction 4(c)(iii).

Paul V. Walsh

01/20/2011

** 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.