FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UIVID AP	PROVAL
OMB Number:	3235-0287
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0.5

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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

					$\overline{}$								$\overline{}$							
Name and Address of Reporting Person*  Consider W. N. Leider						2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [ SLAB ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Sayiner Necip						SILICON ENDORMIGNIES INC									Director	•		10% Ow	ner	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 04/07/2010								Officer below)	(give title  President &		Other (s below)	pecify	
400 W C												riesident & CEO								
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
AUSTIN	T.	X	78701												X Form filed by One Reporting Person					
(City)	(S	tate)	(Zip)		-										Form filed by More than One Reporting Person					
		Tal	ble I - No	n-Deri	ivativ	e Se	curi	ties Ac	cquire	d, Di	sposed o	f, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L						ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		1 Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form	: Direct I r Indirect I str. 4) (	7. Nature of Indirect Beneficial Ownership	
									Cod	e v	Amount	(A) or (D)	Price	!	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock, \$0.0001 par value 04/07/2						2010			M		40,000	40,000 A		.27	27 369,859			D		
Common	Stock, \$0.0	0001 par value		04/0	7/201	0			S		48,000	(1) D	\$50	.33	321	321,859 D				
			Table II -								posed of,				wned				<u> </u>	
				(e.g.,	puts,	, call	s, w	arrants	s, opti	ons,	convertil	ole secu	rities	<u> </u>						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.				Exerci ion Da Day/Yo		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		[	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	le V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	er						
Non- Qualified Stock Option (right to	\$32.27	04/07/2010			M			40,000	09/14/2	006 <sup>(2)</sup>	09/14/2015	Common Stock, \$0.0001 par value	40,00	00	(3)	310,00	0	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 percent (20%) of the option shares upon the date exercisable and (ii) the balance of the option shares in a series of forty-eight (48) successive monthly installments over the forty-eight (48) month period measured from the date exercisable.
- 3. Not applicable per instruction 4(c)(iii).

Bruce A. Maurer for Necip Sayiner 04/09/2010

\*\* 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.