FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

0.5

hours per response:

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

| | | | | | UI V | Section | 30(11) | or tire | IIIVESIII | ilelit C | ompany Act | 01 1340 | | | | | | | |
|---|---|--|---------|-----------------------------------|---|---------|--------|---|--|----------|--|---|---|----------------|---|---|--|---|--|
| 1. Name and Address of Reporting Person* WELLAND DAVID R | | | | | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | 1 | | | | <u> </u> | | 120 1110 | [02.1 | -, | X | Direc | ctor | | 10% O | wner | |
| (Last) 4635 BO | Last) (First) (Middle) 4635 BOSTON LANE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2006 | | | | | | | | | Offic below | er (give title w) | | Other (specify below) | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| AUSTIN | T> | <u> </u> | 78735 | | _ | | | | | | | | | Λ | | n filed by Mor | | • | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | FGIS | 5011 | | | |
| | | Tabl | e I - N | lon-Deriv | /ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | s Acquired (A) or f (D) (Instr. 3, 4 ar | | nd 5) Sec Ben Owi | | ount of ities ficially d Following | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | eported ansaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$0.0001 par value 08/15/200 | | | 006 | 06 | | S | | 30,000(1) | D | \$34.3 | 06 ⁽²⁾ | 2, | 772,131 | D | | | | | |
| | | Та | ble II | | | | | | | | 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) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Shares sold pursuant to reporting person's 10(b)5-1 plan.
- $2.\ Price\ represents\ the\ weighted\ average\ selling\ price.\ Prices\ range\ between\ \$33.85\ and\ \$34.85.$

Mark D. Mauldin, Power of Attorney for David R. Welland

08/16/2006

** 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.