FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0.5 | | | | | | | | |

| | ction 1(b). | ide. Gee | File | d pursua or Se | nt to S ction 3 | Section 16(a) 30(h) of the I | of the Senvestmer | ecurition nt Con | es Exchanç npany Act c | je Act of of 1940 | 1934 | | Hours | per re | esponse: | 0.5 |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|----------------------------|-------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------|------------|
| 1. Name and Address of Reporting Person* Kumar Sandeep P (Last) (First) (Middle) 400 W CESAR CHAVEZ | | | | SIL: | 2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC. [SLAB] 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2021 | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specif below) below) Sr VP, Worldwide Operations | | | | wner specify | |
| (Street) AUSTIN (City) | | | 8701 Zip) | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ne) X Form Form | ' | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Augument of Code (Instr. 3) 5) | | | and Securi Benefi Owned | ties Fo cially (D Following (I) | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) c (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (IIISU: 4) |
| Common Stock, \$0.0001 par value 11/30/ | | | | 2021 | | G | V | 600 | D | \$ | 0 49 | 49,691 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, 1 ecurity or Exercise (Month/Day/Year) if any C | | 4. Transa Code (I 8) | action of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of De Securities Se | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Date Exercisable

Explanation of Responses:

Saie-Yau Hui for Sandeep

Shares

Kumar

Title

Expiration Date

12/01/2021

** 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).

Code

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.

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