Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

_		
Vashington.	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average	burden							

1.0

hours per response:

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	r osed)	Expira	6. Date Exercisable ar Expiration Date (Month/Day/Year)		te Exercisable and ation Date Amoun Securit Underly Derivat		nt of ities lying ative ity (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	e C s s F lly o o (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									I				
Common	Stock, \$0.0	001 par value	11/16/2011			C	3	25	,000	D	(1)	1,8	97,131)		
Common	Stock, \$0.0	001 par value	11/16/2011		G		35	5,000	D	(1)	1,9	1,922,131					
Common	Stock, \$0.0	001 par value	10/31/2011		(3	30	,000	D (1)		1,9	1,957,131)		
Common	Stock, \$0.0	001 par value	05/20/2011				}	25	5,000	D	(1)	1,9	1,987,131				
Common	Stock, \$0.0	001 par value	05/20/2011			G		37	7,000	D	(1)	<u> </u>	12,131)		
			(Month/Day/Year)				Amou	nt	(A) or (D)	Price	Issuer'	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			Ownership (Instr. 4)		
1. Title of Security (Instr. 3) 2. TransDate		2. Transaction	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.						5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial		
(City)	(Sta		Zip)			^		-d D.			Dame # · ·						
(Street) AUSTIN	TX	. 7	8701							X Form filed by One Reporting Person Form filed by More than One Reporting Person							
400 W CESAR CHAVEZ				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Last)	(Fir	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011					Year)	Officer (give title Other (specify below)							
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) X Director 10% Owner								
	Transactions is	eporteu.		1	•					01 1940							
Form 4	Transactions R	operted	1 110	ed pursuant to					ompany Act								

Explanation of Responses:

1. Gratuitous transfer for which no consideration was received.

David R. Welland 01/09/2012

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).