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 b | urden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
|) | Section 16. Form 4 or Form 5 |
| J | 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

| 1. Name and Address of Reporting Person* SOOCH NAVDEEP S | | | | | | 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 | | | | |
|--|--|--|------------------------|-----------|---|--|---|--|---|---------|--------------------|---|--|---|---|---|---|--|
| (Last) (First) (Middle) 400 W CESAR CHAVEZ | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2009 | | | | | | | | | Office below | er (give title w) | Other below | (specify) |
| (Street) AUSTIN TX 78701 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - I | Non-Deriv | ative | Sec | uritie | s Ac | quire | ed, Di | isposed o | f, or E | Benefic | ially (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Execution Date, | | ite, | 3. 4. Securities Transaction Code (Instr. 8) | | | | nd 5) Se Be | | ount of ities ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock, \$0.0001 par value 06/26/200 | | | | 09 | | S | | 2,800(1) | D | \$39.08 | 305 ⁽²⁾ | 7 | 09,771 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Insti | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

- 1. Shares sold pursuant to Reporting Person's 10b5-1 Trading Plan.
- $2.\ Price\ represents\ the\ weighted\ average\ selling\ price.\ Prices\ range\ between\ \$39.05\ and\ \$39.19.$

Bruce A. Maurer for Navdeep S. Sooch

06/29/2009

** 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.