Edgar Filing: SILICON LABORATORIES INC - Form 4

SILICON L Form 4 February 17	ABORATORIES INC	-								
OMB APPROVAL										
Check th	Washington, D.C. 20549								3235-0287	
if no lon	ger	 STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES 							January 31, 2005	
subject t Section Form 4 o Form 5	o STATEMENT 16. or								average rs per 0.5	
obligations may continue. See Instruction 1(b).										
(Print or Type	Responses)									
1. Name and A Kumar San	Symbol	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
		SILICON [SLAB]	N LABO	RATOR	IES I	NC	(Check all applicable)			
(Month/D			-				Director 10% Owner X Officer (give title Other (specify below) below)			
400 W CES	SAR CHAVEZ	02/12/20	16				Sr VP, Wo	orldwide Opera	tions	
		ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
AUSTIN, T	TX 78701						Form filed by M Person	lore than One Re	porting	
(City)	(State) (Zip)	Table	I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	ion Date, if	Code	4. Securit on(A) or Dis (Instr. 3, 4	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock, \$0.0001 par value	02/12/2016		F	3,659	D	\$ 37.88	55,829	D		
Common Stock, \$0.0001 par value	02/15/2016		А	11,220 (1)	A	\$ 0	67,049	D		
Common Stock, \$0.0001 par value	02/15/2016		А	3,960 (2)	A	\$ 0	71,009	D		

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Addre	285	Relationships						
	Director	10% Owner	Officer	Other				
Kumar Sandeep P 400 W CESAR CHAVEZ AUSTIN, TX 78701			Sr VP, Worldwide Operations					
Signatures								
Sandeep P. Kumar	02/17/2016							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one (1) share of common stock per RSU.(1) One-third of the RSUs will vest on each of the first three anniversaries of the date of grant, and will be settled pursuant to the terms of the Issuer's 2009 Stock Incentive Plan.

Reflects the grant of restricted stock units (RSUs) that will entitle Reporting Person to receive one (1) share of common stock per RSU.(2) Fifty percent (50%) of the RSUs will vest on each of the second (2nd) and fourth (4th) anniversaries of the date of grant, and will be

settled pursuant to the terms of the Issuer's 2009 Stock Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of

Reporting Person