#### SILICON LABORATORIES INC

Form 4 July 21, 2005

## FORM 4

Check this box

if no longer

Section 16.

Form 4 or

obligations

Form 5

subject to

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** Number:

Washington, D.C. 20549

3235-0287 January 31, Expires:

2005

**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person ** WELLAND DAVID R			2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC [SLAB]					I	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 4635 BOS	(First) TON LANE	(Middle)		of Earliest Transaction /Day/Year) 2005					X Director 10% Owner Other (specify below) Vice President			
	(Street)		4. If Amendment, Date Ori Filed(Month/Day/Year)				1	A	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
AUSTIN,		- P					Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ole I - No	n-I	Derivative	Secui	ities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price				(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.0001 par value	07/06/2005				V		D D	\$ 0 (1)	3,645,131	D		
Common Stock, \$0.0001 par value	07/19/2005			S		30,000 (2)	D	\$ 27.2154 (3)	3,615,131	D		

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

### Edgar Filing: SILICON LABORATORIES INC - Form 4

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 Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivati	ve Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3	) Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Title	of		
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Snares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
WELLAND DAVID R 4635 BOSTON LANE AUSTIN, TX 78735	X		Vice President				

## **Signatures**

Bruce A. Maurer, Power of Attorney for David R. Welland

07/20/2005

\*\*Signature of Reporting Person

### **Explanation of Responses:**

- \* 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).

Date

- (1) Gratuitous transfer for which no consideration was received.
- (2) Shares sold pursuant to reporting person's 10(b)5-1 plan.
- (3) Price represents the weighted average selling price. Prices range between \$27.10 and \$27.35.

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.

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