SILICON LABORATORIES INC

12/19/2005

\$0.0001

par value

Form 4

December 21, 2005

FORM	ЛΔ								OMB AF	PPROVAL	
	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check the character of	nger			I CEC DI		. O. T. I.			Expires:	January 31, 2005	
subject t Section Form 4	16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES							Estimated a burden hou response	verage	
Form 5 obligation may cor <i>See</i> Install(b).	ons Section 170	(a) of the	Public U		ding Con	npany	Act of	e Act of 1934, 1935 or Section 0	ı		
(Print or Type	Responses)										
1. Name and Address of Reporting Person ** GAY GARY R			2. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC				8	5. Relationship of Reporting Person(s) to Issuer			
			[SLAB		KATOK	ILO I	INC	(Check	all applicable	:)	
(Last) 4635 BOS	(First) (FON LANE	Middle)		f Earliest Ti Day/Year) 2005	ransaction			DirectorX Officer (give below)		Owner er (specify	
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
AUSTIN,	ΓX 78735							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative (Securi	ties Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deen Execution any (Month/E	Date, if	3. Transactio Code (Instr. 8)	4. Securiti mr Dispose (Instr. 3, 4	ed of (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,	12/10/2005			A	12,786		\$	52 404	D		

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

A

(1)

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.

SEC 1474

(9-02)

53,484

0.0001

D

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying Se (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 36.81	12/19/2005		A	17,683	12/19/2006(2)	12/19/2015	Common Stock, \$0.0001 par value

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GAY GARY R							
4635 BOSTON LANE			Vice President				
AUSTIN TX 78735							

Signatures

Bruce A. Maurer, Power of Attorney for Gary
R. Gay

**Signature of Reporting Person

Date

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).
- Reflects the grant of restricted stock units that will entitle the Reporting Person to receive one share of common stock per restricted stock (1) unit. The restricted stock units vest at the rate of 20% per year on each anniversary date after December 19, 2005 and will be settled pursuant to the terms of the Issuer's 2000 Stock Incentive Plan.
- Option vests and becomes exercisable with respect to (i) twenty percent (20%) of the option shares upon optionee's completion of one (2) year of service measured from the grant date and (ii) the balance of the option shares in a series of forty-eight (48) successive monthly installments over the forty-eight (48) month period measured from the first year anniversary of the grant date.
- (3) Not applicable per instruction 4(c)(iii).

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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