FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* CONRAD ROBERT J		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/21/2022 3. Issuer Name and Ticker or Trading Symbol SILICON LABORATORIES INC. [SLAB]							
(Last) (First) (Middle) 82 RUNNING HILL ROAD				Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SOUTH PORTLAND ME (City) (State)	04106 (Zip)	-		X Director Officer (give title below)	10% C Other below)	(specify		Form filed l Person	by One Reporting	
	Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned				
1. Title of Security (Instr. 4)							4. Nature of Indirect Beneficial Ownership (Instr. 5)			
1. Title of Security (Instr. 4))			2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li	Direct ndirect				
1. Title of Security (Instr. 4) Common Stock, \$0.000				Beneficially Owned (Instr.	Form: [(D) or li	Direct ndirect r. 5)				
	1 par value		Perivative	Beneficially Owned (Instr. 4)	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)	Own			
	1 par value (e.g.		Perivative Is, warran	Beneficially Owned (Instr. 4) 0 Securities Beneficiants, options, convert	Form: I (D) or II (I) (Insti	Direct ndirect r. 5)	Sion			

Explanation of Responses:

Saie-Yau Hui for Robert J

Conrad

** Signature of Reporting Person

Date

07/26/2022

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 5 (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.