FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

C/O QORVO, INC.  7628 THORNDIKE ROAD  (Street)  GREENSBORO NC  (City) (State) (Zip)  4. If Amendment, Date of Original Filed (Month/Day/Year)  (City) (State) (Zip)  6. Individual or Joint/Gro Line)  Form filed by O  Form filed by M  Person	10% Owner	
City (Street)  (City) (State) (City) (Middle)  (Middle)  (Middle)  3. Date of Earliest Transaction (Month/Day/Year)  11/07/2024  3. Date of Earliest Transaction (Month/Day/Year)  11/07/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)  Form filed by Merson	le Other (specify below) erformance Analog oup Filing (Check Applicab	
(Last) (First) (Middle)  C/O QORVO, INC.  7628 THORNDIKE ROAD  (Street)  GREENSBORO NC  (City) (State) (Zip)  3. Date of Earliest Transaction (Month/Day/Year)  11/07/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)  Form filed by O Form filed by M Person	below) erformance Analog oup Filing (Check Applicab	
(Last) (First) (Middle) C/O QORVO, INC. 7628 THORNDIKE ROAD  (Street) GREENSBORO NC 27409 (City) (State) (Zip)  3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024  4. If Amendment, Date of Original Filed (Month/Day/Year) Form filed by Merson	oup Filing (Check Applicab	
C/O QORVO, INC.  7628 THORNDIKE ROAD  (Street)  GREENSBORO NC  (City) (State) (Zip)  4. If Amendment, Date of Original Filed (Month/Day/Year)  (City) (State) (Zip)  6. Individual or Joint/Gro Line)  Form filed by O  Form filed by M  Person	oup Filing (Check Applicab	
(Street) GREENSBORO NC (City) (State) (Zip)  4. If Amendment, Date of Original Filed (Month/Day/Year)  (City) (State) (Zip)  6. Individual or Joint/Groundle Day of Chine) Form filed by Mental Person	One Reporting Person	
(Street)  GREENSBORO NC 27409  (City) (State) (Zip)  Line)  Form filed by O  Form filed by M  Person	One Reporting Person	
(Street)  GREENSBORO NC  27409  (City) (State) (Zip)  Form filed by M Person		
(City) (State) (Zip)  Form filed by M Person		
(City) (State) (Zip)	lore than One Reporting	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned		
	nd Securities Form: Direct of Indi Beneficially (D) or Indirect Benefi Owned Following (I) (Instr. 4) Owner	
Code V Amount (A) or (D) Price (Instr. 3 and 4)	(Instr. 4	
Common Stock 11/07/2024 A 1,290 A \$0 36,125	D	
Common Stock 11/07/2024 F 254 D \$72.86 35,871	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  1. Title of   2.		
Security (Instr. 3)  Security (Instr. 3)  Or Exercise Price of Derivative Security Security  Security  Or Exercise (Month/Day/Year)  Or Exercise Price of Derivative Security  Security  Or Exercise (Month/Day/Year)  Security (Instr. 5)  Security (Instr. 5)  Owned  Following Reported Transacti (Instr. 4)	es Form: Beneficially Direct (D) or Indirect (I) (Instr. 4) d tion(s)	
Amount		
or Number	1 1	

**Explanation of Responses:** 

/s/ Jason T. Gray, by Power of **Attorney** 

11/12/2024

Date

\*\* Signature of Reporting Person

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.