FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | OVAL      |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |  |
| hours per response:    | 0.5       |  |  |  |  |  |

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

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*  HARDING JOHN R                         |   |    |             |                       |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Qorvo, Inc. [ QRVO ] |  |  |   |                            |  |   |   |            |     |   |   | p of Reporting Person(s) to Issue<br>olicable)<br>ctor 10% Owne |   |  |   |  |
|--|---|----|-------------|-----------------------|---|---|--|--|---|----------------------------|--|---|---|------------|-----|---|---|---|---|--|---|--|
| (Last) (First) (Middle) C/O QORVO, INC.  |   |    |             |                       | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2017 |   |  |  |   |                            |  |   |   |            |     |   | Office  | er (give title<br>v)  |   | Other below)   | (specify  |  |
| 7628 THORNDIKE ROAD  |   |    |             |                       |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |  |  |   |                            |  |   |   |            |     | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |   |   |  |   |  |
| (Street) GREENSBORO NC 27409   |   |    |             |                       |   |   |  |  |   |                            |  |   |   |            |     | X   | Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |   |  |
| (City) (State) (Zip)   |   |    |             |                       |   |   |  |  |   |                            |  |   |   |            |     |   |   |   |   |  |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |   |    |             |                       |   |   |  |  |   |                            |  |   |   |            |     |   |   |   |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                         |   |    |             |                       |   | ar)   I   | Execution f any  | Deemed<br>ecution Date,<br>any<br>onth/Day/Year) |   | Transaction Code (Instr. 5 |  |   | 1. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |            |     | 4 and Se<br>Be<br>Ov  |   |   |   | ership<br>Direct<br>ndirect<br>:. 4)                               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |    |             |                       |   |   |  |  | Co  | ode V                      |  | Amount  | 1)  | (A) or (D) |     | - 1   | Transaction(s)<br>(Instr. 3 and 4)  |   |   |  | (IIISU. 4)  |  |
| Common Stock 08/08/3   |   |    |             |                       |   |   | ′2017  |  |   | A                          |  | 2,762   | 2 A   |            | \$( | )   | 9,582   |   | D   |  |   |  |
|  |   | Ta | uble II - C |                       |   |   |  |  |   |                            |  | ed of, o  |   |            |     | / Ov  | ned   |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | tive Conversion Date Execution Daty or Exercise (Month/Day/Year) if any |    |             | Date,<br>y/Year)<br>_ | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Exercisable ar Expiration Date (Month/Day/Year)  Date Exercisable Expirat |                            |  | Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Number of Number of Security (Instr. and 4) |   | ount       |     |   |   | Owi<br>Fori<br>Dire<br>or Ii<br>(I) (I                          | nership<br>m:<br>ect (D)<br>ndirect<br>nstr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |

**Explanation of Responses:** 

/s/ Mark J. Murphy, by Power of Attorney

08/09/2017

\*\* Signature of Reporting Person

Date

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.