FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL |
|---|-------------|-----------|
| • | OMB Number: | 3235-0287 |

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol Qorvo, Inc. [QRVO] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|-------------------------|-----------|----------------------|--|--|---------|---|--|-----|--------------------|---|-----------------|---|---|---|---|---|--|---|--|
| BRUGGEWORTH ROBERT A | | | | Quivo, inc. [QKVO] | | | | | | | | - [| X Dire | | tor | 10% O | | wner | | | |
| (Last) | (Last) (First) (Middle) | | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | X Office belo | | | | ther (elow) | specify | |
| C/O QORVO, INC. | | | | | 08/03/2015 | | | | | | | | | President and CEO | | | | | | | |
| 7628 THORNDIKE ROAD | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) GREENS | BORO NO | 2 | 7409 | | | | | | | | | | | | X | Form | filed by One | e Reporting | Pers | on | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Sec | curitie | s Acq | uired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | A. Deemed xecution Date, any Month/Day/Year) | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | l and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ct ect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 08/03 | | | | | 3/2015 | | | | F | | 4,696 | | D | \$57.52 | | 2 242,601 | | D | | | |
| | 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) | | Execution Date, Tif any | | | ransaction Code (Instr. | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu | ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nur of | ount mber ares | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Suzanne B. Rudy, by Power of Attorney

08/04/2015

** 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.