FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

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).

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* BUHALY STEVEN J | | | | | 2. Issuer Name and Ticker or Trading Symbol Qorvo, Inc. [QRVO] | | | | | | | (Che | elationship o eck all applic Director | able) r | g Perso | n(s) to Issu 10% Ow Other (s | vner |
|---|---|--|--|--------------------------|---|---|------------------|--|------------------|---|-----------------|---|--|---------------------------------------|--|--|---|
| (Last) (First) (Middle) C/O QORVO, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015 | | | | | | | below) | Officer (give title below) CFO and S | | below) | peciny |
| 7628 THORNDIKE ROAD (Street) GREENSBORO NC 27409 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | Person | | | | |
| | | Tal | ole I - Non | -Derivati | ve Se | curi | ties Ac | quired, | Dis | posed of | f, or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Dat | | tion Date | Code (Instr. | | | | | Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock 05/20/. | | | | | /2015 | | M ⁽¹⁾ | | 15,000 |) A | \$15.5 | 88, | 88,118 | | D | | |
| Common Stock 05/20/ | | | | | /2015 | | S ⁽¹⁾ | | 15,000 D | | \$79.8 | 73, | 73,118 | | D | | |
| | | | Table II - [| Derivative e.g., puts | | | | | | | | | Owned | | | | |
| 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 | Code | action (Instr. | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to | \$15.58 | 05/20/2015 | | M ⁽¹⁾ | | | 15,000 | 09/01/200 | 8 ⁽²⁾ | 05/21/2018 | Common Stock | 15,000 | \$0 | 259 | | D | |

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 20, 2015.
- 2. The option vests quarterly over four years beginning on this date.

Remarks:

/s/ Suzanne B. Rudy, by Power of Attorney 05/21/2015

** 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.