FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

STATEMENT 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

| 1. Name and Address of Reporting Person* <u>BUCHANAN JEFFREY D</u> | | | | | <u>SYI</u> | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA] | | | | | | | | | | olicable) | | Person(s) to Issuer | | |
|--|--|------------------|---|---------------------------------|------------------------|--|--|-----------------------------|---|-------|--|---|-----------------------------------|------------------------------------|---|---|--|-----------------------|--|--|
| (Last) | , | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2009 | | | | | | | | | | Officer (give title below) | | Other (specify below) | | |
| 14861 N. SCOTTSDALE ROAD, SUITE 105 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SCOTTS | Street) SCOTTSDALE AZ 85254 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/ | Execution Date, | | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu Bene Owne | | icially d | 6. Ownersh Form: Dire (D) or Indirect (I) (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | • | Following Reported Transaction(s) (Instr. 3 and 4) | | (msu. 4) | (111501.4) | | | | | |
| Common Stock 05/01/2 | | | | | | .9 | | | S | | 400 | D | \$3 | 3.14 | 2 | ,724(1) | D | | | |
| Common Stock 05/01/ | | | | | 09 | | | | S | | 1,000 | D | \$33 | 3.124 | 1,724 | | D | | | |
| Common Stock 05/01/20 | | | | |)9 | | | S | | 357 | D | \$33 | \$33.1325 | | 1,367 | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | | Deemed cution Date, ly nth/Day/Year) | Code (I | nsaction de (Instr. | | vative rities vired r osed) r. 3, 4 | Expiration I (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | of Deri Sec (Ins | rice ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form: Direct (or Indir (I) (Insti | Beneficial Ownership ect (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. This total reflects the 3-for-2 stock split effected as a stock dividend to each stockholder of record on August 15, 2008 and paid on August 29, 2008.

Remarks:

Russell J. Knittel, as attorney- 05/04/2009

in-fact

** 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.