## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtori,	D.C.	20343

STATEMENT OF CHANGES IN BE	NEFICIAL OWNERSHIP

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

	nd Address of	Reporting Person*							icker or nc [ S		ng Symbol				tionship all appli Directo	•		(s) to Iss	
(Last) 1251 MC	(Fi	,	(Middle)	)		3. Date of Earliest Transaction (Month/Day/Year) 05/14/2018									Officer (give title Other (spe below) below)				
(Street)			95131		_	f Amer	ndment	t, Date	e of Orig	inal Fi	led (Month/D	ay/Year)		i. Indivine)	Form 1	Joint/Group filed by One filed by Mor	e Reportin	ig Perso	n
(City)	(Si		(Zip)	Non Dori							ionood a		onofici	الم	0				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N				ion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock 05/14/20			018	.8		М		7,385	A	\$24.3	33	54,454		D					
Common	Stock			05/14/2	018				S <sup>(1)</sup>		7,385	D	\$43.02	78 <sup>(2)</sup>	47,069		D		
Common Stock													184,655		I		By Frust <sup>(3)</sup>		
		Т	able								sposed of , converti				wned		,		
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Bate Execution Date, courity or Exercise (Month/Day/Year) if any			1. S. Ifransaction Code (Instr. See Ac (A) Dis of (Instr. See Ac (A) Dis of (Instr. See Ac (Inst		Number f. Date Exel Expiration I (Month/Day curities quired o or sposed		tion D	Date Amount of		of s ng re Security	8. Price Derivat Securit (Instr. 5		rative derivative rity Securities		mership rm: ect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares	er								
Employee Stock Option (Right to	\$24.33	05/14/2018			M			7,385	(4	1)	01/26/2019	Commor Stock	7,385	5	\$0.00 146,283		,282 D		

## **Explanation of Responses:**

- 1. The shares were sold pursuant to a 10b5-1 Trading Plan dated February 26, 2018.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$43.00 to \$43.10, inclusive. The reporting person undertakes to provide to Synaptics Incorporated (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 3. The shares are held by EF Lee Family 2012 Irr Trust.
- 4. 25% of the total number of shares subject to the option vested and became exercisable on the twelve month anniversary of the January 26, 2009 vesting commencement date, and 1/48th of the total number of shares subject to the option vested and became exercisable on the 26th day of each month thereafter until fully vested on January 26, 2013.

## Remarks:

Kermit Nolan, as attorney-in-05/15/2018

\*\* 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.