FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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 [*] SANQUINI RICHARD L | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA] | | | | | | | | | | | | p of Reportir olicable) ctor | ng Per | son(s) to 1 | |
|---|---|--|------|----------------------------------|--|---|-----|--|---|--------|---|--|---|-----------------------------|---|----------------------------|---|-------------------------------|--|--|
| (Last) | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2011 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 14087 LOMA RIO DRIVE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | X | | filed by One | • | 0 | |
| SARATOGA CA 95070 | | | | | | | | | | | | | | | Form Pers | i filed by Mor on | e thar | n One Rep | orting | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Da | | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. and 5) | | | rities Acquired (/ ed Of (D) (Instr. 3 | | | 8, 4 Secur Benef Owne | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Ð | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | |
| Common Stock 08/01/20 | | | | | 2011 | 11 | | Α | | 599 | | Α | (1 |) | 9,723 | | | I | By Trust ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | | | | | | 12 | | 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 | Conversion Date Execution Exercise (Month/Day/Year) if any (Month Day/Year) if any (Month Darivative | | emed ion Date, i/Day/Year) | Code (Ir 8) | ansaction de (Instr. | | imber vative rities siired r osed) r. 3, 4 5) | 6. Date Exercisab Expiration Date (Month/Day/Year) Date Exp Exercisable Dat | | e ar) Expiration | Amo Secu Und Deri Secu 3 an | . Title and mount of ecurities nderlying erivative ecurity (Instr. and 4) Amount or Number of Shares | | Secu | vative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 0 F D 0 (1) 4) | wnership orm: irect (D) r Indirect) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V. | (A) | (D) | Exercisab | | Jate | | Sna | irës | | | | | | |

Explanation of Responses:

1. The shares were issued to the reporting person and represent a portion of the director's annual retainer fee.

2. The shares are held by the Reporting Person as Trustee of the Sanquini 2002 Living Trust, dated January 22, 2002.

Remarks:

Kermit Nolan, as attorney-in-

08/02/2011

** Signature of Reporting Person Date

<u>fact</u>

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.

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