FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| haura nar raananaa | 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* STACY WILLIAM T PHD | | | | | SYN | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA] | | | | | | | | | neck all app Direc | tor | ng Pe | 10% O | wner |
|--|---|------------|---|----------|----------------------------------|--|---------------------------------------|--------------------------|---|---------------|--|--|----------------|--------|--|--|---------------|---|--|
| (Last) 2381 BE | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2004 | | | | | | | | | belov | , | ıt of | Other (specify below) Operations | |
| (Street) SAN JOSE CA 95131 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) X Form | or Joint/Group Filing (Check Applicable I filed by One Reporting Person I filed by More than One Reporting | | | |
| (City) | (S | | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | ction | 2A. Exe | Dee cutiony | | 3. Transac Code (Ir | tion | 4. Securities Acquired Disposed Of (D) (Instr. | | | | or 5. Amo | ount of ties cially | Fori (D) (| m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amoun | | (A) or (D) | Price | Repor Transa | | (1113 | u. 4) | (111341. 4) | | | |
| Common | 2004 | 004 | | | M | | 11,1 | 11,100 A | | \$6 | 1 | 11,101 | | D | | | | | |
| Common Stock 10/04/2 | | | | | 2004 | | | S ⁽¹⁾ | | 11,1 | 11,100 D | | \$2 | 2 | 1 | | D | | |
| | | Ta | able II | | | | | | uired, Di , options | | | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Dee Execution if any (Month/ | on Date, | 4. Transact Code (In 8) | | of Der Sec Acq (A) Dis | posed D) str. 3, 4 | 6. Date Exe Expiration (Month/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | or No of | umber | | | | | |
| Employee Stock Option (Right to Buy) | \$6 | 10/04/2004 | | | M | | | 11,100 | (2) | 07. | /30/2012 | Comm Stock | | 1,100 | \$0.00 | 18,900 | | D | |

Explanation of Responses:

- 1. The shares were sold pursuant to a 10b5-1 Sales Plan dated February 19, 2004.
- 2. 25% of the total number of shares subject to the option vested and became exercisable on the twelve month anniversary of the July 30, 2002 vesting commencement date, and 1/48th of the total number of shares subject to the option vested and became or shall vest and become exercisable on the 30th day of each month thereafter.

Remarks:

William T. Stacy 10/04/2004

** 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.