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 [*] MCKINNON DAVID T | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>SYNAPTICS INC</u> [SYNA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---------|--------------------------------|----------------------------------|---|---|--|---|-------|-----------------|--|--|------------------------------|--|--|-----------------------|---|--|
| (Last) | (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2004 | | | | | | | 2 | X Officer (give title below) | | | Other (specify below) | | |
| 2381 BE | ERING DRI | VE | | | | | | | | | | | | | | VP of Syst | tem | Silicon | |
| (Street) | | | | | 4. If A | mer | ndment, | Date | of Original | Filed | (Month/ | Day/Year |) | 6. In Line | | Joint/Grou | p Filir | ng (Check A | pplicable |
| SAN JOS | SE C. | A 9 | 95131 | | | | | | | | | | | 2 | - | filed by One | • | 0 | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | Form Perso | filed by Mor n | e tha | in One Rep | orting |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr.4. Securiti Disposed (and 5) | | | | | | Securit Benefic Owned | ies cially | Fori (D) d Indi | rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amoun | t (A) (D) | | rice | | | (Ins | tr. 4) | (Instr. 4) |
| | | т | able II | | | | | | uired, Dis , options | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | 4. Transact Code (In 8) | | 5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5) | tive ties ed sed | 6. Date Exe Expiration (Month/Day | Date | | 7. Title a Amount Securitie Underlyi Derivativ Security and 4) | of es ng re | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 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 Ite | Title | Amo or Num of Shar | ber | | | | | |
| Employee Stock Option (Right to Buy) | \$18.26 | 07/20/2004 | | | A | | 25,000 | | (1) | 07 | /20/2014 | Common Stock | 25,0 | 000 | \$0.00 | 25,000 | | D | |

Explanation of Responses:

1. 25% of the total number of shares subject to the option shall vest and become exercisable on the twelve month anniversary of the July 20, 2004 vesting commencement date, and 1/48th of the total number of shares subject to the option shall vest and become exercisable on the 20th day of each month thereafter.

Remarks:

| David | T. 1 | McKinnon | |
|-------|------|----------|--|
| | | | |

** Signature of Reporting Person Date

07/21/2004

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.