1. Name and Address of Reporting Person
   Butler Dean Warren
   1109 MCKAY DRIVE
   SAN JOSE CA 95131

2. Issuer Name and Ticker or Trading Symbol
   SYNAPTICS Inc [ SYNA ]

3. Date of Earliest Transaction (Month/Day/Year)
   10/31/2022

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   X Officer (give title below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>10/31/2022</td>
<td></td>
<td>A</td>
<td>A</td>
<td>13,632</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>10/31/2022</td>
<td></td>
<td>F</td>
<td>D</td>
<td>7,136</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Reflects shares released in connection with the vesting of performance stock units granted on October 31, 2019.
2. Represents shares of common stock withheld by the Issuer to satisfy certain tax withholding obligations associated with the vesting of performance stock units.

Remarks:
The reporting person is Senior Vice President and Chief Financial Officer.

/s/ Kermit Nolan, as attorney-in-fact

11/01/2022

** 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).


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.