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 [®] Deutsch Scott						2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1251 MCKAY DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/28/2014									X	Officer (give title below)		of Sa	Other below)	(specify	
(Street) SAN JOSE CA 95131 (City) (State) (Zip)					- 4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)									 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					son	
		Tab	le I - I	Non-Deri	vative	Sec	urit	ties A	cquired,	Dis	posed	of, or	Ben	neficia	ally C	Dwn	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			Code (I		4. Securities Acquired (<i>I</i> Disposed Of (D) (Instr. 3 and 5)				Secur Benef Owne	icially d	For (D) Indi	irect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amour		A) or D)	Price				(Ins	str. 4)	(Instr. 4)	
Common Stock 11/28/20)14			М		1,27	1,274		\$35	.76	6 12,876 ⁽¹⁾⁽²⁾			D		
Common Stock 11/28/20					2014)14			S ⁽³⁾		1,274		D	\$66	5.3 11,602(1)(2		,602(1)(2)		D		
		Та	able II	- Deriva (e.g., p					uired, D s, option							ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transac Code (II 8)	tion Number		6. Date Exercisat Expiration Date (Month/Day/Year			Amou Securi Under Deriva	Title and Amount of Jocurities Jonderlying Jerivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exercisabl		piration ite	Title	or Ni of	umber							
Employee Stock Option (Right to Buy)	\$35.76	11/28/2014			М			1,274	(4)	01	/28/2020	Comm Stock		,274	\$0.	00	21,876		D		

Explanation of Responses:

1. Includes 348 shares acquired under the issuer's employee stock purchase plan on November 14, 2014, but not previously reported.

2. The amount of securities beneficially owned by the reporting person on the reporting person's previous Form 4 erroneously included an additional 5,800 shares.

3. The shares were sold pursuant to a 10b5-1 Sales Plan dated February 13, 2014.

4. One-third of the total number of shares subject to the option vested and became exercisable on the 12-month anniversary of the January 28, 2013 grant date, and 1/36th of the total number of shares subject to the option vested or shall vest and became exercisable on the 28th day of each month thereafter until fully vested on January 28, 2016.

Remarks:

Kermit Nolan, as attorney-in-12/02/2014

<u>fact</u>

** 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.