FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Gupta Vikram				2. Issuer Name and Ticker or Trading Symbol SYNAPTICS Inc [ SYNA ]						(Che	ck all app Direc	tionship of Reportin all applicable) Director		10% Ov	wner				
(Last) 1109 MC	(Fir	,	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023							<b>)</b>		Officer (give title below)  See Re		Other (speci below) marks		
(Street) SAN JOS	SE CA	. 9	5131		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				on			
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		Oate,	Transaction Disposed Of (Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			Securit Benefic Owned	urities   I eficially   ( ned Following   (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or	Price		ea ction(s) 3 and 4)			(Instr. 4)	
Common	Stock			08/17/2	2023			A		23,642(1)	) A \$		\$0.00	39,206			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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Includes (i) 13,511 shares of which one-third of the total number of restricted stock units shall vest on the first anniversary date following the vesting commencement date of August 17, 2023, and one-twelfth of the total number of restricted stock units shall vest each quarter thereafter until fully vested on August 17, 2026, and (ii) 10,131 shares of which one-twelfth of the total number of restricted stock units shall vest each quarter following the vesting commencement date of August 17, 2023, until fully vested on August 17, 2026.

The reporting person is SVP & GM, IoT/Processors and Chief Product Officer.

/s/ Kermit Nolan, as attorneyin-fact

08/21/2023

\*\* 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.