### 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 <sup>®</sup> SANQUINI RICHARD L				. Issuer Name and Tick SYNAPTICS IN					tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner					
(Last)	(First)	(Middle)		Date of Earliest Trans 1/30/2015	saction (M	lonth	/Day/Year)		Officer (give title below)	Other	Other (specify below)			
14087 LOMA RIO DRIVE			4.	. If Amendment, Date of	of Origina	l File	d (Month/Day	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)									X	Form filed by On	e Reporting Per	son		
SARATOGA	CA	95070								Form filed by Mo Person	re than One Re	porting		
(City)	(State)	(Zip)												
		Table I - N	Ion-Derivativ	ve Securities Acc	uired	Disi	nosed of a	or Ben	eficially	Owned				
Date					lan oa,		505cu 01, t		cholany	Owneu				
1. Title of Securit	y (Instr. 3)		2. Transaction	2A. Deemed Execution Date,	3. Transact Code (In 8)	tion	4. Securities Disposed Of and 5)	Acquire	ed (A) or	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
1. Title of Securit	y (Instr. 3)		2. Transaction Date	2A. Deemed Execution Date, if any	3. Transaci Code (In	tion	4. Securities Disposed Of	Acquire	ed (A) or	5. Amount of Securities Beneficially	Form: Direct (D) or	of Indirect Beneficial		
1. Title of Security			2. Transaction Date	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (In 8)	tion istr.	4. Securities Disposed Of and 5)	Acquire f (D) (Ins (A) or	ed (A) or tr. 3, 4	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership		

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g. puts calls warrants options convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)															
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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Derivative	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Common Stock

1. The shares were issued to the reporting person representing a portion of the director's annual retainer fee.

2. The shares are held by the reporting person as Trustee of the Sanquini 2002 Living Trust, dated January 22, 2002.

3. The shares were sold pursuant to a 10b5-1 Sales Plan dated August 19, 2014.

4. Includes 327 shares previously reported as being held directly.

#### **Remarks:**

Kermit Nolan, as attorney-in-02/03/2015 fact

1,712

D

\*\* 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.