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 ar   | SYN  | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS Inc [SYNA] |              |  |                                 |  |   |                               |                                    |       | 5. Relationship of Reporting Person(s) t<br>(Check all applicable)  Director 10% |  |  |      |                       | lssuer<br>Owner  |   |  |                       |  |
|--|--|--|--------------|--|---------------------------------|--|---|-------------------------------|------------------------------------|-------|--|--|--|------|-----------------------|--|---|--|-----------------------|--|
| (Last)<br>1251 MC  | Last) (First) (Middle) 251 MCKAY DRIVE   |  |              |  |                                 |  | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015                           |                               |                                    |       |  |  |  |      |                       | Office   | ,   |  | Other (specify below) |  |
| (Street) SAN JOS (City)  |  |  | 5131<br>Zip) |  | 4. If A                         | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                               |                                    |       |  |  |  |      |                       | idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |  |                       |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |              |  |                                 |  |   |                               |                                    |       |  |  |  |      |                       |  |   |  |                       |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |  |              |  |                                 | Execution  |   |                               | Transaction I                      |       | 4. Securities Acquired (<br>Disposed Of (D) (Instr. 3<br>and 5)                  |  |  |      | 3, 4 Sec<br>Ber<br>Ow |  | ount of<br>ities<br>icially<br>d  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |  |              |  |                                 | Code V   |   | Amount                        | (A<br>(D                           | i) or | Price  |  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |      |                       |  | (,  |  |                       |  |
| Common   | Stock  | 015  |              |  | F                               |  | 500(1)  |                               | D \$79                             |       | .38  | 13,498   |  | D    |                       |  |   |  |                       |  |
| Common   | 015  |  |              |  | S <sup>(2)</sup>                |  | 4,164   |                               | D \$78.                            |       | .75  | 9,334  |  | D    |                       |  |   |  |                       |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |              |  |                                 |  |   |                               |                                    |       |  |  |  |      |                       |  |   |  |                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | ivative Conversion Date Execution Date,<br>urity or Exercise (Month/Day/Year) if any   |  |              |  | 4.<br>Transac<br>Code (Ir<br>8) |  | 5. Nu<br>of<br>Deriv<br>Secur<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5 | ative<br>ities<br>ired<br>sed | 6. Date E<br>Expiratio<br>(Month/D | n Da  |  | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) |  |      |                       |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owner<br>Form<br>Direct<br>or In<br>(I) (In<br>4)                    | t (D)<br>direct       | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |              |  | Code                            | v  | (A)   | (D)                           | Date<br>Exercisal                  |       | Expiration<br>Date   | Title  |  | nber |                       |  |   |  |                       |  |

## Explanation of Responses:

- 1. Represents shares of common stock withheld by the Issuer to satisfy certain tax withholding obligations associated with the vesting of deferred stock units.
- 2. The shares were sold pursuant to a 10b5-1 Sales Plan dated May 4, 2015.

## Remarks:

The reporting person is the Senior Vice President and General Manager, Biometrics Product Division.

Kermit Nolan, as attorney-in-

08/04/2015

<u>fact</u>

\*\* Signature of Reporting Person

Data

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.