SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Bergma	d Address of Repo an Rick	orting Person [*]	2. Date of Event Requiring Stater (Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA]				
(Last) 3120 SCC (Street) SANTA CLARA (City)	(First) DTT BLVD. CA (State)	(Middle) 95054 (Zip)	09/28/2011 		4. Relationship of Reporting Pers (Check all applicable) X Director X Officer (give title below) President and C	10% Own Other (spe below)	er 6. Ir	nth/Day/Year) ndividual or Joir licable Line) Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person
			Table I - Nor	-Derivati	ive Securities Beneficiall	y Owned	· · ·		
1. Title of Security (Instr. 4)					. Amount of Securities eneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership nstr. 5)	
No securities beneficially owned.					0	D			
					e Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/Y	te	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

Rick Bergman

09/29/2011

** 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 5 (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.