FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549
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STATEMENT	OF (	CHANGES	IN BEN	IEFICIAL	OWNERS	HIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per respo	nse 0.5									

Check this box to indicate that a transaction was made pursuant to contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(c) See Instruction 10

Instruction 1(b).

1(c). Si	ee Instruction	10.																	
Name and Address of Reporting Person*     GEESLIN KEITH				2. Issuer Name <b>and</b> Ticker or Trading Symbol SYNAPTICS Inc SYNA							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
													1	Director			10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024								Officer (give title below)			Other (s below)	specify		
C/O FRANCISCO PARTNERS																			
ONE LE	TTERMAN	N DRIVE, BLDC	3. C, ST	TE. 410															
-					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														V V	ine)  Form filed by One Reporting Person				
SAN	C	٥ ۸	4129																
FRANCI	ISCO C	. ,	112)											Form filed by More than One Reporting Person					
,																			
(City)	(St	ate) (2	Zip)																
	45		.141	A		<u> </u>			\ <i>1</i>										
		lable	I - NOI	n-Deriva	tive	ecu	rities	Acq	uirea,	DIS	posed of,	or E	sener	iciaii	y Own	ea			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				ay/Year) if an		. Deemed ecution Date, iny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Securit Benefic Owned		ties F cially (I d Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/01				11/01/2	2024				A		2,864(1)	A	<b>A</b>	\$ <mark>0</mark>	37,941(2)			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		on Date,	Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D' (Instr and §	rities ired r osed )	6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Expiration Exercisable Date Title			Amou or Numb of Share	per								

## **Explanation of Responses:**

- 1. One-fourth of the total number of restricted stock units shall vest each quarter until fully vested on November 1, 2025, or for a Director not standing for re-election, the date of the Issuer's 2025 Annual Meeting of Stockholders.
- 2. The amount of securities beneficially owned includes an additional three shares resulting from the discovery of a de minimis undereporting of shares.

/s/ NeeChu Mei, as attorneyin-fact

11/04/2024

\*\* 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.