FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| 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

| 1. Name and Address of Reporting Person* <u>BUCHANAN JEFFREY D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS Inc [SYNA] | | | | | | | | | k all app | tionship of Reportir all applicable) Director | | erson(s) to Is | | |
|--|--|--|--------------|----------------------------------|--|---|--|---|--|----------|--------------------------|---|---|----------------------------|---|--|---|--|--|
| (Last) (First) (Middle) 1251 MCKAY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021 | | | | | | | | Office below | cer (give title bw) | | Other (specify below) | | | |
| (Street) SAN JOS (City) | | ate) (Z | 5131 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X | Form Form Perso | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| | | | Date | Date Exe Month/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Forr (D) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | Transa | action(s) 3 and 4) | | | (msur 4) |
| Common Stock | | | 11/01/ | ′2021 | | | | A | | 1,120(1) | A \$0.00 | | 00 11,268 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | Date, Transac | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | te ear) Expiration | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbu of Title Shares | | De Se (In | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. One-fourth of the total number of restricted stock units shall vest each quarter until fully vested on November 1, 2022, or for a Director not standing for re-election, the date of the Issuer's 2022 Annual Meeting of Stockholders.

Remarks:

/s/ Kermit Nolan, as attorney-

11/02/2021

in-fact

** 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.