# 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								

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

obligation Instruction	ns may continue. See on 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940
1. Name and <u>Awsare</u>	Address of Reporting	g Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>SYNAPTICS Inc</u> [SYNA]
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/25/2022
1109 MCF	KAY DRIVE		

1109 MCKAY	DRIVE	
(Street) SAN JOSE	СА	95131
(Citra)	(Stata)	(7in)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

		. Date of Earliest Tr	ransacti	on (M	anth/Day/Vea	x	Director Officer (give title below)	10% 0 Other below	(specify			
(Last) (First) (Middle) 1109 MCKAY DRIVE		IP)	)8/25/2022	ansacti		onthe Day rea		See Remarks				
(Street) SAN JOSE	СА	51 <b>4</b>	4. If Amendment, Date of Original Filed (Month/Day/Year)						ndividual or Joint/Group Filing (Check Applica ) X Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)							Person	porting		
		Table I -	Non-Derivativ	ve Securities A	Acquir	red, I	Disposed	of, or	Beneficially	Owned		
Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	2		08/25/2022		S		3,773	D	\$133.5809(1)	38,835	D	
Common Stock	1		08/25/2022		S		53	D	\$133.54	38,782	D	
Common Stock 08/25/202			08/25/2022		S		174	D	\$133.5	38,608	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$133.50 to \$133.76, inclusive. The reporting person undertakes to provide to Synaptics Incorporated (the "Company"), and any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

#### Remarks:

The reporting person is Senior Vice President and General Manager, PC & Peripherals.

### /s/ Kermit Nolan, as attorney-

in-fact

\*\* Signature of Reporting Person Date

08/26/2022

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.

Check this box if no longer subject to Section 16. Form 4 or Form 5