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 Long Da	Address of Repo	orting Person [*]	2. Date of Event Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA]				
(Last) 3120 SCOT (Street) SANTA CLARA (City)	(First) TT BLVD., SU CA (State)	(Middle) ITE 130 95054 (Zip)	— 01/07/2008 — -		4. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title below) VP WW Sales & Corp.	10% Own Other (spe below)	er 6. Ir ecify App	nth/Day/Year) ndividual or Joir licable Line) Form filed b Person	Date of Original Filed nt/Group Filing (Check ny One Reporting ny More than One Person
			Table I - Nor	n-Derivati	ive Securities Beneficiall	y Owned	·····		
1. Title of Security (Instr. 4)				1-	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		lature of Indirect Beneficial Ownership tr. 5)	
Common Stock					0	D			
					e Securities Beneficially ints, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/Y	ite	I 3. Title and Amount of Securities Underlying Derivative Security (In: 4)		4. Conversion or	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:

David B. Long

01/07/2008

** 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.