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 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KNITTEL RUSSELL J | | | | | SYN | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA] | | | | | | | | Relationsh neck all ap Dire | , | ng Pe | erson(s) to Is | | |
|--|--|------------|---------------|----------------------------------|-----------------|--|---------|--|-------------------------|------|---|-----------------|---|--|-----------------------|---|--|------------|--|
| (Last) 2381 BE | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2003 | | | | | | | | X belo | , | 10 | | specify | |
| (Street) SAN JOS (City) | | tate) (| 95131 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, I | Disp | osed o | f, or Be | neficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | | ities Acqu d Of (D) (l | | Secui Bene Owne | icially d | Forr (D) d Indi | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | |
| 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) | erivative Conversion Date Execution Decurity or Exercise (Month/Day/Year) if any | | on Date, | 4. Transact Code (In 8) | | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivativ Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4) | is Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$9.96 | 08/07/2003 | | | A | | 55,000 | | 08/07/2004 ⁽ | 1) 0 | 8/07/2013 | Common Stock | 55,000 | \$0 | 55,000 |) | D | | |

Explanation of Responses:

1. 25% of the total number of shares subject to the option shall vest and become exercisable on the twelve month anniversary of the August 7, 2003 vesting commencement date, and 1/48th of the total number of shares subject to the option shall vest and become exercisable on the 7th day of each month thereafter.

Remarks:

Russell J. Knittel

09/04/2003

** 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.