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

| Name and Address of Reporting Person* CHAN NELSON C | | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS Inc [SYNA] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | eck all appointed X Direct | ctor | ng Perso | 10% C | wner | |
|--|--|--|--------|------------|----------------------------------|---|-------|------------------------------------|---|-----|--|---|-------------------|----------------------------|---|---|--|---|--|--|
| (Last) | (Fi | , | | 10/28/2016 | | | | | | | | | | Officer (give title below) | | Other (| (specify | | | |
| 1251 MCKAY DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicabl Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| SAN JOS | SAN JOSE CA 95131 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | · | Execution Date | | | Code (Instr. | | 4. Securities Acquired (Disposed Of (D) (Instr. and 5) | | | Secur | icially d | 6. Own Form: (D) or Indired (Instr. | Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amour | nount (A) or (D) | | Price | Repoi Trans | | , , | | , , | |
| Common Stock 10/28/20 | | | | | | | 016 | | A | | 2,304(1) | | A | \$0.0 | 0 1 | 16,853 | |) | | |
| | 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 | | 4. Transact Code (In 8) | | | er ative ities red sed | 6. Date Exercis: Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | / (A) | | Date Exercisable | | piration te | Title | Num of Shar | . | | | | | | |
| Director Stock Option (Right to Buy) | \$52.57 | 10/28/2016 | | | A | | 2,900 | | (2) | 10/ | 28/2023 | Commo Stock | 2,9 | 00 | \$0.00 | 2,900 | | D | | |

Explanation of Responses:

- 1. 25% of the total number of deferred stock units shall vest and be delivered on January 31, 2017, April 30, 2017, July 31, 2017, and October 31, 2017.
- 2. 1/12th of the total number of shares subject to the option shall vest and become exercisable on the 28th day of each month until fully vested on October 28, 2017.

Remarks:

Kermit Nolan, as attorney-infact 11/01/2016

** Signature of Reporting Person Da

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.