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* SPADE THOMAS D | | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNAPTICS INC [SYNA] | | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|----------|---------------------------------|---------------------------------|--|----------|-------|---|-------------------|----------------|--------------|-------------|---|------------------------|---|---|--|--|--|--|--|
| (Last) 2381 BE | (Fi | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/06/2004 | | | | | | | | | | Officer (give title below) VP of Worl | | | Other below) | (specify | | |
| (Street) SAN JOSE CA 95131 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (City) | | | (Zip) | | - | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - N | Non-Deri | vative | Sec | urit | ies A | cquired, | Dis | oosed | of, o | r Ber | nefic | ally (| Own | ∍d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Executio | | | Code (In | Transaction Dispo | | | | red (A) str. 3, | Secur Benef Owne | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amour | | (A) or (D) | Pric | | | | (Instr. 4) | | (Instr. 4) | | | | | |
| Common | 10/06/2 | 0/06/2004 | | | | M | | 5,00 | 00 | A | \$ | 3 | | 3,004 | | D | | | | | | |
| Common Stock 10/0 | | | | | 2004 | | | | S ⁽¹⁾ | | 5,00 | 00 | D | \$23 | 3.93 | | 3,004 | | D | | | |
| | | Та | able II | | | | | | uired, Di s, options | | | | | | | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transac Code (II 8) | | Number E | | 6. Date Exe Expiration (Month/Day | Date | | Amount of | | of control | | vative rity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | v | (A) | (D) | Date Exercisable | | piration te | Title | O N O | lumbei | | | | | | | | |
| Employee Stock Option (Right to Buy) | \$3 | 10/06/2004 | | | M | | | 5,000 | (2) | 09/ | /19/2010 | Comm Stoc | | 5,000 | \$0 | .00 | 14,591 | | D | | | |

Explanation of Responses:

- 1. The shares were sold pursuant to a 10b5-1 Sales Plan dated February 27, 2004.
- 2. 2,083 of the shares subject to the option vested and became exercisable on 2/12/03, and 1/24th of the total number of shares subject to the option vested or shall vest and became or shall become exercisable on the 12th day of each month thereafter.

Remarks:

Thomas D. Spade

10/06/2004

** 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.