FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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*     Sewell Bretton						2. Issuer Name and Ticker or Trading Symbol SYNAPTICS Inc [ SYNA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/08/2015										cer (give title w)	Other below	(specify			
1251 M	1251 MCKAY DRIVE															See Remarks				
	- 4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)	street) SAN JOSE CA 95131														X Form filed by One Reporting Person					
															Form filed by More than One Reporting					
(City)	City) (State) (Zip)												Pers	Person						
		Tab	le I - N	Non-Deri	vative	Sec	urit	ies A	cquired,	Dis	posed	of, or l	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution D			Transaction Disp			ecurities Acquired (A			Secur Benet Owne	eficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amour	nt (A	) or F	rice			(Instr. 4)	(Instr. 4)			
Common Stock 10/08/20					2015	015			M		884		A S	35.70	5	9,294	D			
Common Stock 10/08/2				2015	015			M		1,249 A		A	\$39.8	1	10,543	D				
Common Stock 1			10/08/	/2015				S <sup>(1)</sup>		2,13	33	D S	85.88	3	8,410	D				
		T	able II						uired, Di s, option	•				•	Owned	I				
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, n/Day/Year)	4. Transac Code (I 8)	ction Number E			6. Date Exe Expiration (Month/Day	Date	Amount o		of constant of con		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. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V (A)		(D)	Date Exercisable		piration ite	Title	Amour or Number of Shares	ber						
Employee Stock Option (Right to Buy)	\$35.76	10/08/2015			М			884	(2)	01	/28/2020	Commor Stock	88	4	\$0.00	262	D			
Employee Stock Option (Right to Buy)	\$39.8	10/08/2015			М			1,249	(3)	08	/05/2020	Commor Stock	1,24	49	\$0.00	626	D			

## **Explanation of Responses:**

- 1. The shares were sold pursuant to a 10b5-1 Trading Plan dated August 29, 2014.
- 2. 1/36th of the total number of shares subject to the option vested or shall vest and became or shall become exercisable on the 28th day of each month following the date of grant until fully vested on January 28, 2016.
- 3. 1/36th of the total number of shares subject to the option vested or shall vest and became or shall become exercisable on the 5th day of each month following the date of grant until fully vested on August 5, 2016.

## Remarks:

The reporting person is the SVP of Marketing and Business Development.

Megha Aggarwal, as attorney- 10/12/2015

\*\* Signature of Reporting Person

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

<sup>\*</sup> 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.